

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013756 AT

DOCUMENT # A94000001136

1. Entity Name
Y. C. FERNANDEZ PROPERTY, LTD.



FILED

'03 MAY -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2700 NORTH MACDILL AVENUE
TAMPA FL 33607

Mailing Address
P.O. BOX 4118
TAMPA FL 33677-4118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3261239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, MAYNARD
2700 NORTH MACDILL AVENUE
TAMPA FL 33607

Name JOHN FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
2700 N. MacDill Av. # 115
City Tampa FL Zip Code 33607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOHN FERNANDEZ PARTNER DATE 4-16-03

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$45,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	FERNANDEZ, MAYNARD	STREET ADDRESS	
NAME	2700 NORTH MACDILL AVENUE	CITY-ST-ZIP	
STREET ADDRESS	TAMPA FL 33607		
CITY-ST-ZIP			
DOCUMENT #	FERNANDEZ, JOHN A	STREET ADDRESS	600018296336
NAME	2700 NORTH MACDILL AVENUE	CITY-ST-ZIP	05/06/03--01070--001 **403.75
STREET ADDRESS	TAMPA FL 33607		
CITY-ST-ZIP			
DOCUMENT #	LLANES, LIONEL B	STREET ADDRESS	
NAME	2700 NORTH MACDILL AVENUE	CITY-ST-ZIP	
STREET ADDRESS	TAMPA FL 33607		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

JOHN FERNANDEZ 4-16-03 913-877-8339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE