

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000008**

1. Entity Name

**ALFREDO DIEZ FAMILY PARTNERSHIP, LTD.**

FILED

00 JAN 21 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
640 SOLANO PRADO  
CORAL GABLES FL 33156

Mailing Address  
640 SOLANO PRADO  
CORAL GABLES FL 33156-2372

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0559733**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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

**MULLIN, TERRACE J P.A.  
2655 LEJEUNE RD., PH 2  
CORAL GABLES FL 33134**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$1,000,100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #  
NAME **DIEZ, ALFREDO**  
STREET ADDRESS **640 SOLANO PRADO**  
CITY - ST - ZIP **CORAL GABLES FL 33134**

STREET ADDRESS  
CITY - ST - ZIP

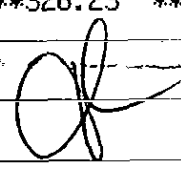
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my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

SIGNATURE: X **Alfredo Diez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #