

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000008**

1. Entity Name

ALFREDO DIEZ FAMILY PARTNERSHIP, LTD.

FILED

02 APR 11 AM 8:39

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

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, 2002

4. FEI Number

65-0559733

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

MULLIN, TERRACE J P.A.
200 S. BISCAYNE BLVD., #2000
MIAMI FL 33131

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.

DATE

9. Capital Contributions
as Shown on record.

1,264,761

10. Amount of Capital Contributions
in FLORIDA to date.

1,264,761

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	STREET ADDRESS	CITY-ST-ZIP
	DIEZ, ALFREDO	640 SOLANO PRADO	CORAL GABLES FL 33134

STREET ADDRESS	CITY-ST-ZIP
	700005254927--9
	-04/11/02--01073--002
	***526.25 ***526.25
	FF \$ 526.25

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

✓ 1/29/02 ✓ 305/6675737
Date Daytime Phone #

CR2E003 (9/01)