

# **LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

FILED

02 FEB -1 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000122

1. Entity Name

The Stanley Young Family Limited Partnership

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5815 Suncrest Dr.

3. Mailing Address

5815 Suncrest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0552744

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Barry A. Nelson, Esq.

Street Address (P.O. Box Number Is Not Acceptable)

2775 Sunny Isles Blvd.

Suite 118

City

North Miami Beach

FL

Zip Code

33160

**DO NOT WRITE  
IN THIS SPACE**

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]*

1/28/02

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

DATE

9. Capital Contributions  
as Shown on record.

1,000,000.00

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Stanley Young Family Holdings, Inc  
5815 Suncrest Dr.  
Miami, Florida 33156

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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CITY - ST - ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Signature]* Kenneth Young

1/24/02 (305)662-3771

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)