

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000229

1. Entity Name
ACLE FAMILY INVESTMENT COMPANY, LTD.



FILED

03 APR 30 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
701 N.W. 57TH AVENUE
SUITE 150
MIAMI FL 33126

Mailing Address
701 N.W. 57TH AVENUE
SUITE 150
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0634132

Applied For

Not Applicable

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

ACLE, EDUARDO E M.D.
701 N.W. 57TH AVENUE
SUITE 150
MIAMI FL 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1000%

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 # P95000013167
NAME ACLE FAMILY HOLDINGS, INC.
STREET ADDRESS 6485 S.W. 106TH STREET
CITY-ST-ZIP MIAMI FL 33156

STREET ADDRESS 701 N.W. 57 AVENUE #150
CITY-ST-ZIP MIAMI FL 33126

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 600017581476
CITY-ST-ZIP 04/30/03--01072--001 **141.25

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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 the report as required by Chapter 620, Florida Statutes

SIGNATURE: x SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0009823 AT