

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000282**

1. Entity Name

SYLVIA FAMILY I LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25

Principal Place of Business

DAVID SYLVIA
24 WATER STREET
DARTMOUTH MA 02747

Mailing Address

DAVID SYLVIA
24 WATER STREET
DARTMOUTH MA 02747

2. Principal Place of Business

263 State Rd

3. Mailing Address

No. Dantmouth, MA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

No. Dantmouth, MA

City & State

No. Dantmouth, MA

Zip

02747

Country

US

Zip

Country

4. FEI Number

65-0805699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SYLVIA, DAVID~~
~~2000 NE 17TH AVENUE~~
~~APT. #201~~
~~POMPANO BEACH FL 33064~~

David Sylvia
1111c of Venice
APT 301
Font Lauderdale FL 33301

7. Name and Address of New Registered Agent

Name **No Change**

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]

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.

\$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

DOCUMENT #
NAME **SYLVIA, DAVID**
STREET ADDRESS **24 WATER STREET**
CITY-ST-ZIP **DARTMOUTH MA 02747**

DOCUMENT #
NAME **SYLVIA, THELMA L**
STREET ADDRESS **24 WATER STREET**
CITY-ST-ZIP **DARTMOUTH MA 02747**

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **263 State Rd.**
CITY-ST-ZIP **No. Dantmouth Ma 02747**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **200003334847--8**
CITY-ST-ZIP **-07/25/00-01046--006**
******141.25 ****141.25**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)