

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000838

1. Entity Name

TARACIDO FAMILY LIMITED PARTNERSHIP 95-I

Principal Place of Business

270 S. HIBISCUS DRIVE  
MIAMI BEACH FL 33139

Mailing Address

270 S. HIBISCUS DRIVE  
MIAMI BEACH FL 33139

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-6177289

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

WOLFE, RICHARD C ESQ  
20803 BISCAYNE BOULEVARD, SUITE 200  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Nelson M. TARACIDO, ESQ.

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

270 South Hibiscus DR

City

Miami Beach

FL

Zip Code

33139

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)

3/3/01

DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

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

13.

ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TARACIDO, MANUEL E  
270 S. HIBISCUS DRIVE  
MIAMI BEACH FL 33139

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TARACIDO, ANA C  
270 S. HIBISCUS DRIVE  
MIAMI BEACH FL 33139

STREET ADDRESS

CITY-ST-ZIP

000003829480--7  
03/09/01-01144-012

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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:

REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/3/01 (305) 672-8088  
Date Daytime Phone #