

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000838

1. Entity Name

TARACIDO FAMILY LIMITED PARTNERSHIP 95-I

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 14 PM 1:52

5/29

Principal Place of Business

270 S. HIBISCUS DRIVE
MIAMI BEACH FL 33139

Mailing Address

270 S. HIBISCUS DRIVE
MIAMI BEACH FL 33139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-6177289

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

TARACIDO, NELSON M ESQ
270 S. HIBISCUS DRIVE
MIAMI BEACH FL 33139

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

\$1,000.00

10. Amount of Capital Contributions

as Shown on record 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

800005638738--6
05/30/02 01007-025
****541.25 ****541.25

DOCUMENT #
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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 this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Manuel E. Taracido
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/8/2 (305) 672 8088
Date Daytime Phone #

CR2E003 (9/01)

0001681 AV