

2001 UNIFORM BUSINESS REPORT (UBR)

0007309 AF

DOCUMENT # A95000001077

1. Entity Name

ZALDIVAR PARTNERSHIP, LTD.

FILED

Principal Place of Business

3460 FAIRLANE FARMS RD. STE. #13
WELLINGTON FL 33414

Mailing Address

3460 FAIRLANE FARMS RD. STE. #13
WELLINGTON FL 33414

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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

4. FEI Number

65-0566165

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

ROSEN, HARRY M
2500 WESTON ROAD, SUITE 220
WESTON FL 33331

7. Name and Address of New Registered Agent

Name PAUL ROSEN

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

3460 FAIRLANE FARMS RD

STE 13

City WELLINGTON

FL

33414

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

PAUL ROSEN

3-9-01

DATE

9. Capital Contributions
as Shown on record.

\$2,263,738.00

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 # P96000014551
NAME ZALDIVAR GROUP, INC.
STREET ADDRESS 2500 WESTON ROAD, SUITE 220
CITY-ST-ZIP WESTON FL 33331

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

3460 FAIRLANE FARMS RD

CITY-ST-ZIP

STE 13, WELLINGTON, FL 33414

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

PAUL ROSEN 3-9-01 561-790-7453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)