

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 22 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001077

1. Entity Name

ZALDIVAR PARTNERSHIP, LTD.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

11576 Pierson Rd

3. Mailing Address

11576 Pierson Rd

Suite, Apt. #, etc.

Suite K-8

Suite, Apt. #, etc.

Suite K-8

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

65-0566165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, PAUL

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

7. Name and Address of New Registered Agent

Name

Paul Rosen

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

11576 Pierson Rd - ste K-8

City

Wellington

FL

Zip Code

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

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

Paul Rosen PAUL ROSEN

4-18-02

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 3460 FAIRLANE FARMS RD, STE. #13
CITY-ST-ZIP WELLINGTON FL 33414

13. ADDRESS CHANGES ONLY

STREET ADDRESS

11576 Pierson Rd - K-8

CITY-ST-ZIP

Wellington, FL 33414

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

800005451948--5

CITY-ST-ZIP

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***526.25 ***526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E003 (9/01)

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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 PAUL ROSEN 4-18-02 561-790-7453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #