

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001254**

1. Entity Name

GUPPY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 2:01

Principal Place of Business

2400 EAST LAS OLAS BLVD.
SUITE 312
FT. LAUDERDALE FL 33301

Mailing Address

2400 EAST LAS OLAS BLVD.
SUITE 312
FT. LAUDERDALE FL 33301-1529

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PMB 312 (only change)

Suite, Apt. #, etc.

PMB 312

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0642211

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GLASS, SUSAN B

2400 EAST LAS OLAS BLVD.

SUITE 312

FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1000

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

STREET ADDRESS

CITY - ST - ZIP

GLASS, SUSAN B

2400 EAST LAS OLAS BLVD. PMB 312

FT. LAUDERDALE FL 33301

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

GLASS, DAVID M

2400 EAST LAS OLAS BLVD. PMB 312

FT. LAUDERDALE FL 33301

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

add PMB 312

STREET ADDRESS

CITY - ST - ZIP

add PMB 312

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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*******282.50 *****141.25**

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Susan B. Glass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/14/2000

Date

954-728-9348

Daytime Phone #