

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001457**

1. Entity Name

AUGUST FAMILY LIMITED PARTNERSHIP

FILED

01 APR 27 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2034 NE 155TH ST.
NORTH MIAMI BEACH FL 33162**

Mailing Address

**2034 NE 155TH ST.
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

2046 N.E. 155th St
Suite, Apt. #, etc.

3. Mailing Address

2046 NE 155th St
Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

4. FEI Number

65-0606406

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

NELSON, RICHARD

2046 N.E. 155th St
2034 NE 155TH ST.
NORTH MIAMI BEACH FL 33162

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

2/15/2001

9. Capital Contributions
as Shown on record.

\$72,259.00

10. Amount of Capital Contributions
in FLORIDA to date.

50.00

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 # **P95000069975**
NAME **RDN, INC.**
STREET ADDRESS **2046 N.E. 155th St**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

2046 N.E. 155th St

CITY-ST-ZIP

N. Miami Beach, FL 33162

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

FF \$141.25

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/15/2001

0006501 AF

CR2E003 (11/00)