

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000002016

1. Entity Name

CIOETA FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**3120 N. 46TH AVENUE
HOLLYWOOD FL 33021**

Mailing Address

**3120 N. 46TH AVENUE
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CIOETA, ANTONIO
3120 N. 46TH AVENUE
HOLLYWOOD FL 33021**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 11 PM 3:50



DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number **65-0633308**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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. **\$6,000,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **CIOETA, ANTONIO TRUSTEE**
STREET ADDRESS **3120 N. 46TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Antonio Cioeta 1/9/01

Date

Daytime Phone #

CR2E003 (1/1/00)