

2002 UNIFORM BUSINESS REPORT (UBR)

001274 AT

DOCUMENT # **A95000002043**

1. Entity Name

THE MAY FAMILY PARTNERSHIP, LTD.

FILED

02 MAR 26 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**721 CONCH SHELL WAY
PLANTATION FL 33324**

Mailing Address
**721 CONCH SHELL WAY
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0628094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAY, GEORGE
721 CONCH SHELL WAY
PLANTATION FL 33324**

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.

DATE

9. Capital Contributions
as Shown on record.

\$5,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$5,000

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
STREET ADDRESS
CITY-ST-ZIP

**MAY, GEORGE
721 CONCH SHELL WAY
PLANTATION FL 33324-KKKK**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**MAY, GLORIA
721 CONCH SHELL WAY
PLANTATION FL 33324**

STREET ADDRESS
CITY-ST-ZIP

000005181110--7
04/02/02 01000 009
******141.25 ****141.25**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information indicated on this report is true and correct, and that the receiver or trustee empowered with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 limited liability company of which this report is required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GLORIA MAY

3/1/02

(954) 472-7210

Date

Daytime Phone #

CR2E003 (9/01)

STATE OF FLORIDA