

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013575 A

DOCUMENT # **A95000002076**

1. Entity Name

**PEREA FAMILY PARTNERSHIP, LTD.**

FILED

00 FEB 11 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3198 NW 125TH ST  
MIAMI FL 33167-2516

Mailing Address  
3198 NW 125TH ST  
MIAMI FL 33167-2516

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0633042**      Applied For  
Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**QUESADA, G. FRANK ESQ.**  
1313 PONCE DE LEON BLVD.  
STE. 200  
CORAL GABLES FL 33134

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,790,852.00**      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 #		STREET ADDRESS	
NAME	<b>PEREA, IGNACIO</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>5851 SW 118TH AVE.</b>		
CITY - ST - ZIP	<b>MIAMI FL 33183</b>		
DOCUMENT #		STREET ADDRESS	<b>200003150122--2</b>
NAME	<b>PEREA, MARIA T</b>	CITY - ST - ZIP	<b>02/28/00 01136 013</b>
STREET ADDRESS	<b>5851 SW 118TH AVE.</b>		<b>***526.25 ***526.25</b>
CITY - ST - ZIP	<b>MIAMI FL 33183</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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:

*DIGNACIO PEREA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

**1-17-00** (305) 443-8500

Daytime Phone #

CR2E003 19/99