

2002 UNIFORM BUSINESS REPORT (UBR)

0008544 AT

DOCUMENT # **A95000002090**

1. Entity Name

SANMARTIN FUNDS LIMITED PARTNERSHIP

FILED

02 APR 30 PM 4:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

**2103 S. BABCOCK STREET
MELBOURNE FL 32901**

Mailing Address

**2103 S. BABCOCK STREET
MELBOURNE FL 32901**

2. Principal Place of Business

9123 N. Military Tr.

Suite, Apt. #, etc.

200

City & State

Palm Beach Gardens, FL

Zip

33410

Country

P.Bch.

3. Mailing Address

9123 N. Military Tr.

Suite, Apt. #, etc.

200

City & State

Palm Beach Gardens, FL

Zip

33410

Country

P.Bch.

DUE BY MAY 1, 2002

4. FEI Number

59-3456168

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAICH, FLORIAN

5880 OLD DIXIE HWY.

MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9123 N. Military Tr.

Suite 200

City

Palm Beach Gardens

FL

Zip Code

33410

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.

[Signature]

F. Braich

DATE

4/16/02

9. Capital Contributions
as Shown on record.

\$5,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**BRAICH, FLORIAN
5880 OLD DIXIE HWY.
MELBOURNE FL 32940**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**BRAICH, ANGELA
5880 OLD DIXIE HWY.
MELBOURNE FL 32940**

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

9123 N. Military Tr. Suite 200

Palm Beach Gdns, FL 33410

9123 N. Military Tr. Suite 200

Palm Beach Gdns, FL 33410

**80000550878-2
-05/10/02-01092-019
****808.75 ****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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
SANMARTIN FUNDS LIMITED PARTNERSHIP

4/16/02

Date

561.627.2399

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE