

2002 UNIFORM BUSINESS REPORT (UBR)

02 APR 30 PM 4: 20

0008543 AT

DOCUMENT # **A95000002092**

1. Entity Name

SANMARTIN FARMS LIMITED PARTNERSHIP

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

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

Mailing Address

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

RAJSA



2. Principal Place of Business

3. Mailing Address

9123 N. Military Tr.

9123 N. Military Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S. 200

S. 200

City & State

City & State

Palm Beach Gardens FL

PBq, FL

Zip

Country

Zip

Country

33410

USA

33410

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3436362

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

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

Name

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

9123 N. Military Tr.

St 200

City

PBq, FL

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.

F. Braich

4/16/02

DATE

9. Capital Contributions
as Shown on record.

\$535,670.00

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
STREET ADDRESS
CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

**9123 N. Military Tr. S.200
PBq, FL 33410**

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300005503883-7
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****208.75 ****526.25**

DOCUMENT #
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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:

F. Braich

4/16/02

561.627.2399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE