

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002242 AV

DOCUMENT # A96000000141

1. Entity Name  
SNVN HOLDINGS, LTD.



FILED

03 APR 18 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
9475 SW 69TH AVE.  
MIAMI FL 33156

Mailing Address  
9475 SW 69TH AVE.  
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0801863

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

7. Name and Address of New Registered Agent

KRAMER, ROBERT M  
C/O KRAMER, GREEN, ET AL  
4000 HOLLYWOOD BLVD., SUITE 485 SO.  
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$51,250.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 VORASARAN, SUVIMOL  
STREET ADDRESS 9475 S.W. 69TH AVENUE  
CITY-ST-ZIP MIAMI FL 33156

STREET ADDRESS  
CITY-ST-ZIP 900016323499  
04/18/03--01049--012 \*\*447.50

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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 REQUIRED

S. Vorasaran

4-14-03

305-663-9143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)