

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0006011 AF

01 MAY -2 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # A96000000177**

1. Entity Name  
**THE RAMIREZ FAMILY LIMITED PARTNERSHIP**

Principal Place of Business <b>7300 N.W. 35TH AVENUE MIAMI FL 33147</b>	Mailing Address <b>7300 N.W. 35TH AVENUE MIAMI FL 33147</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0636752</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WACHS, JEFFREY S ESQ.  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE FL 33316**

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. (NOT: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$5,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>P96000004131</b>
NAME	<b>PGM INVESTMENTS, INC.</b>
STREET ADDRESS	<b>7300 N.W. 35TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>
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	<del>400004207194</del>
CITY-ST-ZIP	<del>05/22/01-01060-021</del> <del>***141.25 ***141.25</del>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: \_\_\_\_\_ DATE: **4-9-01** DAYTIME PHONE #: **305 696-5357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)