

# 2002 UNIFORM BUSINESS REPORT (UBR)

141-25

0002874 AV

DOCUMENT # A96000000444

1. Entity Name

CAMARGO LIMITED PARTNERSHIP

FILED

02 MAR 27 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

ONE NORTH CLEMATIS STREET, 2ND FLOOR  
WEST PALM BEACH FL 33401

ONE NORTH CLEMATIS STREET, 2ND FLOOR  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 3435

West Palm Beach, FL

33402

Palm Beach

DUE BY MAY 1, 2002

4. FEI Number

65-0804901

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

KLOCK, JOSEPH P JR.  
200 SOUTH BISCAYNE BLVD., SUITE 4000  
MIAMI FL 33131-2398

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$2,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000020608  
NAME CAMARGO MANAGEMENT COMPANY  
STREET ADDRESS ONE NORTH CLEMATIS STREET, 2ND FLOOR  
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY-ST-ZIP

6000005184036--5

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CITY-ST-ZIP

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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

Camargo Management Company, GP

SIGNATURE: By

2/6/02

305/577-7000

2877

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAMP CHECK HERE