

2001 UNIFORM BUSINESS REPORT (UBR)

0017462 AF

DOCUMENT # **A96000000653**

1. Entity Name

WARE FAMILY INVESTMENTS, LTD.

FILED

Principal Place of Business

C/O ANGELO CAMPANILE
630 FIFTH AVENUE
NEW YORK NY 10111-0333

Mailing Address

C/O ANGELO CAMPANILE
630 FIFTH AVENUE
NEW YORK NY 10111-0333

01 FEB -5 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O Bessemer Trust Company
Suite, Apt. #, etc.

100 Woodbridge Center Drive

City & State
Woodbridge, New Jersey

Zip
07095

Country
USA

3. Mailing Address

C/O Bessemer Trust Company
Attn: Angelo D. Campanile
Suite, Apt. #, etc.

100 Woodbridge Center Drive

City & State
Woodbridge, New Jersey

Zip
07095

Country
USA

4. FEI Number

65-0663504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$14,013,698.00

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 # P96000025473
NAME WARE INVESTMENT, INC.
STREET ADDRESS 147 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL 33134-0333

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Angelo D. Campanile Sec/Treas 2-1-01

Date

Daytime Phone #

732-694-5469

CR2E003 (11/00)