

2001 UNIFORM BUSINESS REPORT (UBR)

000745 AF

DOCUMENT # **A96000000744**

1. Entity Name

PINES & UNIVERSITY LIMITED PARTNERSHIP

FILED
01 APR 23 PM 12:36

Principal Place of Business

**7301 N.W. 4TH STREET, #102
PLANTATION FL 33317**

Mailing Address

**404 COCONUT PALM ROAD
BOCA RATON FL 33432**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0714501

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANNAN, DAVID F

**7301 N.W. 4TH STREET, #102
PLANTATION FL 33317**

Name

Jose M. Suarez

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

404 Coconut Palm Road

City

Boca Raton

FL

Zip Code
33432

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/01
DATE

9. Capital Contributions
as Shown on record.

\$65,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$65,000

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 # **P96000016598**
NAME **PINES & UNIVERSITY SERVICE CENTER, INC.**
STREET ADDRESS **7301 N.W. 4TH STREET, #102**
CITY-ST-ZIP **PLANTATION FL 33317**

STREET ADDRESS

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jose M. Suarez
pres of General Partner

Date

Daytime Phone #

4/10/01 954-581-9388

CR2E003 (11/00)