

2002 UNIFORM BUSINESS REPORT (UBR)

0008467 AT

APPROVED
AND
FILED

02 JUN 14 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **A96000001059**

1. Entity Name

U.A.P. LIMITED PARTNERSHIP

Principal Place of Business

**6032 N.W. 73RD COURT
PARKLAND FL 33067**

Mailing Address

**6032 N.W. 73RD COURT
PARKLAND FL 33067**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0669389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAWGRASS MANAGEMENT SERVICES, INC.
6032 N.W. 73RD COURT
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name

6221 Enterprises, Inc.

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

6032 NW 73rd CT.

City

Parkland

FL

Zip Code

33067

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

Louis Trematerra, Pres GP

4/29/02
DATE

9. Capital Contributions
as Shown on record.

\$1,188,000.00

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

DOCUMENT # **P96000044674**
NAME **SAWGRASS MANAGEMENT SERVICES, INC.**
STREET ADDRESS **6032 N.W. 73RD COURT**
CITY-ST-ZIP **PARKLAND FL 33067**

DOCUMENT # **P950000023474**
NAME **6221 Enterprises, Inc.**
STREET ADDRESS **6032 NW 73rd Court**
CITY-ST-ZIP **Parkland, FL 33067**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FF \$506.25

**600005796766--7
-06/17/02--01077--013
****526.25 ****526.25**

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

4/29/02 (954) 752-4227

Date

Daytime Phone #

CR2E003 (9/01)