

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001198**

1. Entity Name

GRAU FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI FL 33133**

Mailing Address

**2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI FL 33133**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

02 MAY -2 PM 1:56



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

98-0161520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DR., SUITE #703
MIAMI FL 33133**

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.

DATE

9. Capital Contributions as Shown on record.

\$1,600,000.00

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 #
NAME **GRAU, JUAN**
STREET ADDRESS **HUERTA NO. 1, COLONIA LA VIRGEN**
CITY-ST-ZIP **ESTADO DE MEXICO, MEXICO**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **GRAU, ELENA**
STREET ADDRESS **HUERTA NO. 1, COLONIA LA VIRGEN**
CITY-ST-ZIP **ESTADO DE MEXICO, MEXICO**

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**05/20/02 01009 006
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Juan Grau

1/25/02 (305) 858-9900

CR2E003 (9/01)