

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001595

1. Entity Name
LETO BROTHERS FAMILY PARTNERSHIP, LTD.

FILED

Principal Place of Business: **5121 JACKSON STREET HOLLYWOOD FL 33021-7233**

Mailing Address: **5121 JACKSON STREET HOLLYWOOD FL 33021-7233**

01 APR 16 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **65-0694347** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GLASSER, GENE K
% ABRAMS, ANTON, ROBBINS, RESNICK ET AL
2021 TYLER ST.
HOLLYWOOD FL 33022

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$1,000,000.00**

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 #	
NAME	LETO, JOHN A SR.
STREET ADDRESS	5121 JACKSON STREET
CITY-ST-ZIP	HOLLYWOOD FL 33021
DOCUMENT #	
NAME	LETO, PETER J SR.
STREET ADDRESS	221 NURMI DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
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	

CR2E003 (11/00)

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]* **JOHN LETO** 3/5/01 954-989-9520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #