


2000 UNIFORM BUSINESS REPORT (UBR)

005017 11

DOCUMENT # A96000001665

1. Entity Name
THE FRANCO FAMILY LIMITED PARTNERSHIP

FILED 4/11/20
00 APR 11 PM 12:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
1635 S.W. 15TH STREET
MIAMI FL 33145

Mailing Address
1635 S.W. 15TH STREET
MIAMI FL 33145-1509

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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0704429 ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GUTTENMACHER, EDWARD P
19 W. FLAGLER ST., 14TH FLOOR
MIAMI FL 33130

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

9. Capital Contributions \$400,000.00 **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	STREET ADDRESS	STREET ADDRESS	
NAME	FRANCO, ROLANDO	1635 S.W. 15TH STREET	CITY - ST - ZIP	
STREET ADDRESS	MIAMI FL 33145			
CITY - ST - ZIP				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
NAME	FRANCO, IGNACIA N	1635 S.W. 15TH STREET	CITY - ST - ZIP	
STREET ADDRESS	MIAMI FL 33145			
CITY - ST - ZIP				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
NAME	FRANCO, ROLANDO R	1635 S.W. 15th street	CITY - ST - ZIP	
STREET ADDRESS	MIAMI, FL 33145			
CITY - ST - ZIP				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
NAME			CITY - ST - ZIP	
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]* **SIGNATURE REQUIRED** **4/11/2000 305-859-2415**

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

CR2E003 (9/99)