

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001743**

1. Entity Name

DOMA FAMILY LIMITED PARTNERSHIP

FILED

00 JAN 24 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8625 S.W. 54TH COURT
MIAMI FL 33143

Mailing Address

8625 S.W. 54TH COURT
MIAMI FL 33143-8302

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 **65-0792940**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, W. RODGERS
4800 N. FEDERAL HIGHWAY, SUITE 201-A
BOCA RATON FL 33431

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$492,940.00

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
STREET ADDRESS
CITY - ST - ZIP

HASKINS, DORA MARTINEZ
8625 S.W. 54TH CT.
MIAMI FL 33143

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

400003114024--3

-01/28/00--01022--024

******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

NORMA MARTINEZ RENNER
1424 GRINNELL STREET
KEY WEST FL 33040

STREET ADDRESS

CITY - ST - ZIP

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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

1-7-2000

305-666-7072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #