

A96000001747

Pleasure dome Ybor City Limited Partnership

Requestor's Name

1430 East 7th Ave

Address

Tampa, FL 33605

City/State/Zip

Phone #

300002962423--3

-08/17/99-01070-002

Office Use #0508.57 ****771.71

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
99 AUG 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☒	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Document
☐	Examiner Annual Report DCC
☐	Update Fictitious Name DCC
☐	Name Reservation
☐	Verifyer DCC
☐	acknowledgement DCC
☐	Verifyer DCC

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

increasing
contributions
to \$370,244.00

C. TAX _____
FILING 771.71
R. AGENT FEE _____
C. COPY _____
TOTAL _____
N. BANK _____

Examiner's Initials _____
DUE _____
REFUND _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of Pleasuredome Ybor
City Limited Partnership, a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 370,744
This 18th day of August, 19 99

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to
the best of my knowledge and belief.

General Partner(s)

Michael Namt Pres. Pleasuredome Ybor City Inc.
OS General Partner for Pleasuredome Ybor City L.P.

FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)

INHSE20(3/95)