

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002222

1. Entity Name

THE PANZARELLA FAMILY LIMITED PARTNERSHIP

Principal Place of Business

9050 PINES BLVD., SUITE 450-F
PEMBROKE PINES FL 33024

Mailing Address

9050 PINES BLVD., SUITE 450-F
PEMBROKE PINES FL 33024-6455

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 17047

Suite, Apt. #, etc.

City & State

PLANTATION FLA.

Zip

33318

Country

U.S.A.

4. FEI Number

65-0715051

Applied For

Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, DON P.A.

9050 PINES BLVD., SUITE 450-F
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

ALBERT PANZARELLA

Street Address (P.O. Box Number is Not Acceptable)

3145 WILLOW LANE

City

WESTON

FL

Zip Code

33331

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.

\$10,000,000.00
1,500,000

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 # P93000077805
NAME PANZARELLA FAMILY INVESTMENTS, INC.
STREET ADDRESS 9050 PINES BLVD., SUITE 450-F
CITY - ST - ZIP PEMBROKE PINES FL 33024

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

200003223762--8

-04/25/00--01100--016

****535.00 ****535.00

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

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

ALBERT PANZARELLA Pres 4/13/00 954-349-4735

Date

Daytime Phone #

PANZARELLA FAM.

INVEST.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 10 PM 5:32



DO NOT WRITE IN THIS SPACE