

2001 UNIFORM BUSINESS REPORT (UBR)

0013783 AF

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

**P.O. BOX 17047
PLANTATION FL 33318**

FILED
01 MAR -9 AM 9:12

**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

3145 WILLOW LANE

Suite, Apt. #, etc.

City & State

WESTON, FLA.

Zip

33331

Country

USA

4. FEI Number

65-0715051

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PANZARELLA, ALBERT P.A.
3145 WILLOW LANE
WESTON FL 33331**

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 reinstatement agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800003852678--8

STREET ADDRESS

CITY-ST-ZIP

-03/14/01-01073-001

******150.00 ****150.00**

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

Pres. Panzarella Fam. Inv. **2/1/01** **344-2078**
G.P. **954-**
Date Daytime Phone #

CR2E003 (11/00)