

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A96000002322

1. Entity Name The Charles L. Clements, Jr. Family  
Limited Partnership

FILED

02 JUL 31 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 11008 S.W. 77th Court Circle  
Suite, Apt. #, etc.

3. Mailing Address Same  
Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State

4. FEI Number 65-0751614

Applied For  
Not Applicable

Zip 33156  
Country USA

Zip Country

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

DUE BY MAY 1

DO NOT WRITE IN THIS SPACE

MJM

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Charles L. Clements, III

Street Address (P.O. Box Number is Not Acceptable)  
9335 S. W. 116th Street

City Miami, FL Zip Code 33156

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.

DATE

9. Capital Contributions as Shown on record. \$376,128.00

10. Amount of Capital Contributions in FLORIDA to date. \$376,128.00

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 # P96000094312  
NAME Clements Corporation  
STREET ADDRESS 9335 S. W. 116th Street  
CITY- ST- ZIP Miami, FL 33156

STREET ADDRESS

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CITY- ST- ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/01)