

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012310 AT

DOCUMENT # A96000002395

1. Entity Name
BUSCEMI FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 14 PM 4:01

Principal Place of Business
11314 WESTLAND CIRCLE
BOYNTON BEACH FL 33437

Mailing Address
11314 WESTLAND CIRCLE
BOYNTON BEACH FL 33437



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0553990

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FEIGENBAUM, ALAN~~
~~200 KNUTH ROAD, SUITE 220~~
~~BOYNTON BEACH FL 33438~~

Name IRNA BUSCEMI
Street Address (P.O. Box Number is Not Acceptable)
11314 WESTLAND CIRCLE
City BOYNTON BEACH FL Zip Code 33437

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE IRNA BUSCEMI
Signature, typed or printed name of registered agent and title if applicable.

4/12/03
DATE

9. Capital Contributions as Shown on record. \$555,300.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000079318
NAME BUSCEMI HOLDINGS, INC.
STREET ADDRESS 11314 WESTLAND CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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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 OF BUSCEMI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/03
Date

Daytime Phone #

CR2E003 (10/02)