

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002522**

1. Entity Name

**P.L.R. FAMILY LIMITED PARTNERSHIP, LTD.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 11

Principal Place of Business <b>3510 CORAL WAY, SUITE 200 MIAMI FL 33145</b>	Mailing Address <b>3510 CORAL WAY, SUITE 200 MIAMI FL 33145</b>
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2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2002</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0756862</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RESTREPO, DARIO</b> <b>3510 CORAL WAY, SUITE 200</b> <b>MIAMI FL 33145</b>			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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,104,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>RESTREPO, PEDRO LUIS</b> <b>3510 CORAL WAY, SUITE 200</b> <b>MIAMI FL 33145</b>	STREET ADDRESS	<b>900005282659--2</b> <b>04/16/02 01060-003</b> <b>***526.25 ***526.25</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	<b>RESTREPO, MARIA STELLA</b> <b>3510 CORAL WAY, SUITE 200</b> <b>MIAMI FL 33145</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: *Pedro Luis Restrepo* April 9, 2002 (305) 445-9555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)