

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002263 AF

DOCUMENT # A97000000400

1. Entity Name

SIBARITIC LIMITED PARTNERSHIP

FILED

01 MAY -2 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1015 MUNSTER AVENUE ORLANDO FL 32803		Mailing Address 1015 MUNSTER AVENUE ORLANDO FL 32803	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3351319	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CLAUDIA M. REBAZA  
1015 MUNSTER AVENUE  
ORLANDO FL 32803

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 registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$175,000.00	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	
DOCUMENT #	NAME
STREET ADDRESS	CELENA M. MEES REBAZA
CITY-ST-ZIP	1015 MUNSTER AVENUE ORLANDO FL 32803
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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05/23/01-01092-006  
\*\*\*526.25 \*\*\*526.25

FLORIDA COPY

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: \_\_\_\_\_ 4/25/01 407-898-2237  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)