

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009128 AT

DOCUMENT # **A97000000431**

1. Entity Name
THE MACHADO FAMILY LIMITED PARTNERSHIP NO. 2



FILED
03 APR 29 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**600 PALM AVE., SUITE A
HIALEAH FL 33010**

Mailing Address
**P.O. BOX 161387
HIALEAH FL 33016**



2. Principal Place of Business
6465 W 24 ave

3. Mailing Address

Suite, Apt. #, etc.
apt 101

Suite, Apt. #, etc.

City & State
Hialeah FL

City & State

Zip
33016

Country
USA

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0739478**

Applied For
Not Applicable

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

**MACHADO, LUIS
600 PALM AVE., SUITE A
HIALEAH FL 33010**

Name **LUIS MACHADO**

Street Address (P.O. Box Number is Not Acceptable)
10273 NW 80 CT Suite 102

City **HIALEAH GARDENS FL** Zip Code **33016**

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 **LUIS MACHADO / PARTNER** DATE **4-15-03**

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

9. Capital Contributions as Shown on record. **\$2,000,000.00**

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 # **P97000015191**
NAME **MACHADO GOLDEN EAGLE, INC.**
STREET ADDRESS **600 PALM AVE., SUITE A**
CITY - ST - ZIP **HIALEAH FL 33010**

STREET ADDRESS **6465 W 24 ave #101**
CITY - ST - ZIP **HIALEAH, FL 33016**

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NAME
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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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4-15-03** Daytime Phone # **305-823-3030**

CR2E003 (10/02)