

2000 UNIFORM BUSINESS REPORT (UBR)

2003442 JV

DOCUMENT # A97000000473

1. Entity Name
BUONOPANE FAMILY INVESTMENT CO., LTD.

FLORIDA
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

Principal Place of Business
 1721 VESTAL DRIVE
 CORAL SPRINGS FL 33071

Mailing Address
 1721 VESTAL DRIVE
 CORAL SPRINGS FL 33071-5863



2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State

Zip **Country**

4. FEI Number 65-0732107

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 BUONOPANE, PHYLLIS
 1721 VESTAL DRIVE
 CORAL SPRINGS FL 33071

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$260,000.00

10. Amount of Capital Contributions in FLORIDA to date. 42,000

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------|
| DOCUMENT # | PHYLLIS K. BUONOPANE, TRUSTEE 1721 VESTAL DRIVE CORAL SPRINGS FL 33071 | STREET ADDRESS | 400003245914--7 -05/10/00-01006-048 ****391.50 ****391.50 |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | STREET ADDRESS | |
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| STREET ADDRESS | | CITY - ST - ZIP | |
| 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: *Phyllis K. Buonopane* **REQUIRED** *2/7/2000* **Date** *752-4252* **Daytime Phone #**

166/1000 1-20