

2001 UNIFORM BUSINESS REPORT (UBR)

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0000928
AT

DOCUMENT # A97000000621

1. Entity Name

MACT FAMILY PARTNERSHIP, LTD.

Principal Place of Business

15405 NW 7TH AVENUE
MIAMI FL 33169

Mailing Address

15405 NW 7TH AVENUE
MIAMI FL 33169

FILED

01 OCT 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number 65-0877286

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

SULLIVAN, RAYMOND P
15405 NW 7TH AVENUE
MIAMI FL 33169

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #	P97000022945	STREET ADDRESS	
NAME	MACT FAMILY CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	15405 NW 7TH AVENUE		
CITY-ST-ZIP	MIAMI FL 33169		
DOCUMENT #		STREET ADDRESS	200004641042--7
NAME		CITY-ST-ZIP	-10/18/01--01022--009
STREET ADDRESS			****150.00 ****150.00
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NAME		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)(l), 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: X

SIGNATURE REQUIRED

Raymond Sullivan

3056816100

9/17/01

Date

Daytime Phone #

STAPLE CHECK HERE

CFR2E003 (5/01)