

2002 UNIFORM BUSINESS REPORT (UBR)

0002629 AV

DOCUMENT # **A97000000897**

1. Entity Name

ANGEL FAMILY LIMITED PARTNERSHIP #1, LTD.

Principal Place of Business

**3900 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308**

Mailing Address

**3900 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

2727 SOUTH OCEAN BLVD

Suite, Apt. #, etc.

APT 603

City & State

HIGHLAND BEACH FL

Zip

33487

Country

USA

3. Mailing Address

2727 SOUTH OCEAN BLVD

Suite, Apt. #, etc.

APT 603

City & State

HIGHLAND BEACH FL

Zip

33487

Country

USA

FILED

02 APR 19 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

65-0748085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGEL, MAX

**3900 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2727 SOUTH OCEAN BLVD

City

HIGHLAND BEACH

FL

Zip Code

33487

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 **MAX ANGEL**

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

DATE

4-10-02

9. Capital Contributions as Shown on record.

\$4,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

238,180

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

DOCUMENT #	
NAME	ANGEL, MAX
STREET ADDRESS	3900 GALT OCEAN DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
DOCUMENT #	
NAME	ANGEL, MARY
STREET ADDRESS	3900 GALT OCEAN DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
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	2727 SOUTH OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BEACH FL 33487
STREET ADDRESS	2727 SOUTH OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BEACH FL 33487
STREET ADDRESS	FL
CITY-ST-ZIP	
STREET ADDRESS	600005450716-9
CITY-ST-ZIP	-05/03/02--01081--014
	****526.25 ****526.25
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

MAX ANGEL **4-10-02 561-330-7386**

CP2E003 (9/01)