

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009063
AT

DOCUMENT # A97000000901

1. Entity Name
COMPUACE, LIMITED PARTNERSHIP



FILED
03 APR 30 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5190 NW 167TH ST. SUITE 217
MIAMI FL 33014

Mailing Address
5190 NW 167TH ST. SUITE 217
MIAMI FL 33014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0748749

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

COMPUACE GROUP, INC.
5190 NW 167TH ST, SUITE 217
MIAMI FL 33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # P97000036657
NAME COMPUACE INC
STREET ADDRESS 560 N.W. 165TH STREET ROAD
CITY-ST-ZIP MIAMI FL 33169

STREET ADDRESS

CITY-ST-ZIP

04/30/03--01067--003 **141.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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 #

4-24-03

305 623-0366

CR2E003 (10/02)

STAPLE CHECK HERE