

2001 UNIFORM BUSINESS REPORT (UBR)

0003465 AF

DOCUMENT # A97000001133

1. Entity Name

JACK AND ILONA AMIGO LIMITED PARTNERSHIP

FILED

mf

Principal Place of Business

**1000 N. HIATUS ROAD
#110
PEMBROKE PINES FL 33026**

Mailing Address

**1000 N. HIATUS ROAD
#110
PEMBROKE PINES FL 33026**

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0729586

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

**KRAVIT, NOLAN C
1000 N. HIATUS ROAD #110
PEMBROKE PINES FL 33026**

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.

\$1,870,092.00

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 #
NAME **FRANK AMIGO, AS TRUSTEE OF THE JACK AMIGO**
STREET ADDRESS **4520 POST AVE,**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **FRANK AMIGO AS TRUSTEE OF THE ILONA AMIGO**
STREET ADDRESS **4520 POST AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

STREET ADDRESS
CITY-ST-ZIP
600003790646 2
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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

CLAWE GREENBERG
TRUSTEE ILONA AMIGO REVOCABLE
LIVING TRUST
Date _____ Daytime Phone # _____

CR2E003 (11/00)