

2001 UNIFORM BUSINESS REPORT (UBR)

0003465 AF

DOCUMENT # A97000001133

1. Entity Name

JACK AND ILONA AMIGO LIMITED PARTNERSHIP

FILED

01 FEB 26 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



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

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

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.

\$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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CLARE GRIZZARD
TRUSTEE ILONA AMIGO REVOCABLE
LIVING TRUST
Date
Daytime Phone #

CR2E003 (11/00)