

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 A.M.
Secretary of State

DOCUMENT # A97000001148

1. Entity Name
FOUR G'S PARTNERS, LTD.



Principal Place of Business
**555 REINANTE AVENUE
CORAL GABLES FL 33156**

Mailing Address
**555 REINANTE AVENUE
CORAL GABLES FL 33156**



2. Principal Place of Business
10320 SW 71 Ave

3. Mailing Address
10320 SW 71 Ave

Suite, Apt. #, etc.
MIAMI FL

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33156 Country
USA

Zip
33156 Country
USA

DUE BY MAY 1, 2003

4. FEI Number **65-0763954**

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

**M & W AGENTS, INC.
9100 S. DADELAND BLVD., SUITE 1707
MIAMI FL 33156-7819**

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. **\$3,000,000.00**

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 # **P97000038054**
NAME **DCJ HOLDINGS, INC.**
STREET ADDRESS **555 REINANTE AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

STREET ADDRESS **10320 SW 71 Ave**
CITY-ST-ZIP **MIAMI FL 33156**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **700011628447**
02/03/03--01115--005 **150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **700011628447**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **02/21/03--01055--003 **385.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **BR**

DOCUMENT #
NAME
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

il 27/03 **305**
Date Daytime Phone # **9753564**

CR2E003 (10/02)