

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001468

1. Entity Name

THE VALLADARES FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 8:29



DO NOT WRITE IN THIS SPACE

MLH

Principal Place of Business 1200 DUVAL STREET KEY WEST FL 33040	Mailing Address 1200 DUVAL STREET KEY WEST FL 33040-3130
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0762115	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALLADARES, ARTHUR L 1200 DUVAL STREET KEY WEST FL 33040

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$1,346,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,346,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	297837
NAME	VALLADARES & SON, INC.
STREET ADDRESS	1200 DUVAL STREET
CITY - ST - ZIP	KEY WEST FL 33040
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	500003245475--8
CITY - ST - ZIP	-05/09/00--01116--013
STREET ADDRESS	****150.00 ****150.00
CITY - ST - ZIP	500003245475--8
STREET ADDRESS	-05/09/00--01116--014
CITY - ST - ZIP	****376.25 ****376.25
STREET ADDRESS	
CITY - ST - ZIP	
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: *Arthur N. Valladares* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-14-00 (305) 296-6032
Date Daytime Phone #

CR2E003 (9/99)