

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001617**

1. Entity Name

**THE M & J FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 25 AM 11:54

Principal Place of Business  
C/O MR. & MRS. MICHAEL G. KEOTAHLIAN  
9753 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32837

Mailing Address  
C/O MR. & MRS. MICHAEL G. KEOTAHLIAN  
9753 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32837-8915



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3458643</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WACHS, JEFFREY S ESQ.</b> <b>1177 S.E. 3RD AVENUE</b> <b>FORT LAUDERDALE FL 33316</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> 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. **\$5,000.00**

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	STREET ADDRESS	
NAME	KEOTAHLIAN, MICHAEL G	CITY - ST - ZIP	
STREET ADDRESS	9753 S. ORANGE BLOSSOM TRAIL		
CITY - ST - ZIP	ORLANDO FL 32837		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	KEOTAHLIAN, JULIETTE J	CITY - ST - ZIP	
STREET ADDRESS	9753 S. ORANGE BLOSSOM TRAIL		
CITY - ST - ZIP	ORLANDO FL 32837		
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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: Michael G. Keotahlian **SIGNATURE REQUIRED** 2/9/00 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

CR2E003 (9/99)