

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009665
AT

DOCUMENT # **A97000001758**

1. Entity Name

TORRES FAMILY INVESTMENT COMPANY, LTD.

02 MAY 22 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 135 WEST 49TH STREET HIALEAH FL 33012	Mailing Address 135 WEST 49TH STREET HIALEAH FL 33012
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 65-0407411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TORRES, ORLANDO F M.D.
135 WEST 49TH STREET
HIALEAH FL 33012

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$725,000.00
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10. Amount of Capital Contributions in FLORIDA to date.	\$725,000
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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	
DOCUMENT #	
NAME	ORLANDO F. TORRES AS TRUSTEE
STREET ADDRESS	135 WEST 49TH STREET
CITY-ST-ZIP	HIALEAH FL 33012
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000005677840--0
CITY-ST-ZIP	06/04/02 01070 007
STREET ADDRESS	*****526.25 *****526.25
CITY-ST-ZIP	
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: **ORLANDO TORRES**
Orlando Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4-29-02** Daytime Phone #: **(305) 825-0600**

CR2E003 (9/01)