

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001824

1. Entity Name

THE MURRAY SAMS, JR. FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PH 12: 06

Principal Place of Business

2222 PONCE DE LEON BLVD., PH II  
CORAL GABLES FL 33134

Mailing Address

2222 PONCE DE LEON BLVD., PH II  
CORAL GABLES FL 33143-4816



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7325 S.W. 43 Avenue

3. Mailing Address

7325 S.W. 43 Avenue

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33143

Country

U.S.A.

Zip

33143

Country

U.S.A.

4. FEI Number

65-0774970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S

2600 DOUGLAS ROAD, PENTHOUSE 8

CORAL GABLES FL 33134

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

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.

\$1,000,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

SAMS, MURRAY JR.  
2222 PONCE DE LEON BLVD., PH II  
CORAL GABLES FL 33134

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

SAMS, PIETRINA M  
2222 PONCE DE LEON BLVD., PH II  
CORAL GABLES FL 33134

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

CITY - ST - ZIP

7325 S.W. 43<sup>rd</sup> Avenue, Suite 201

Miami, Florida 33143

STREET ADDRESS

CITY - ST - ZIP

7325 S.W. 43<sup>rd</sup> Avenue, Suite 201

Miami, Florida 33143

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

400003283514--8

-06/09/00-01103-008

\*\*\*\*526.25 \*\*\*\*526.25

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*  
Murray Sams, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/2000  
Date

(305) 740-5401  
Daytime Phone #