

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001839

1. Entity Name
THE KIBLER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
13245 S.W. 74TH AVENUE
MIAMI, FL 33156

Mailing Address
13245 S.W. 74TH AVENUE
MIAMI, FL 33156

2. Principal Place of Business
8491 NW 17th Street
Suite, Apt. #, etc.
Suite "L"
City & State
Miami, Florida
Zip
33126
Country
USA

3. Mailing Address
8491 NW 17th Street
Suite, Apt. #, etc.
Suite "L"
City & State
Miami, Florida
Zip
33126
Country
USA



4. FEI Number
65-0776782

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DESIATO, MICHAEL
200 SOUTH BISCAYNE BLVD., SUITE 1700
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Harold L. Lewis
Street Address (P.O. Box Number is Not Acceptable)
1 Biscayne Tower Ste. 2400
2 South Biscayne Blvd.
City
Miami
FL Zip Code
33131

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 Harold Lewis DATE 5-23-2003

9. Capital Contributions as Shown on record. \$276,827.00

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 #	P97000072805	STREET ADDRESS	
NAME	KIBLER, INC.	CITY-ST-ZIP	
STREET ADDRESS	13245 S.W. 74TH AVENUE		
CITY-ST-ZIP	MIAMI, FL 33166		
DOCUMENT #		STREET ADDRESS	300020039263
NAME		CITY-ST-ZIP	05/28/03--01028--004 **526.25
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NAME		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: Harold Lewis as authorized agent of General Partner

5-23-2003 (305) 379-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003 (10/02)