

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000283  
AT

DOCUMENT # **A97000002026**

1. Entity Name

**THE DARWISH FAMILY LIMITED PARTNERSHIP**

**FILED**

**02 SEP -4 PM 12:42**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**1950 SOUTH OCEAN DRIVE. #14-K  
HALLANDALE FL 33009**

Mailing Address

**1950 SOUTH OCEAN DRIVE. #14-K  
HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **13-3941080**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARWISH, AKRAM S  
1950 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**33009**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$10,000.00**

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  
CITY-ST-ZIP

**DARWISH, AKRAM S  
1950 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009**

STREET ADDRESS

CITY-ST-ZIP

**800007848948--3  
-09/19/02--01052--017**

**\*\*\*\*558.75 \*\*\*\*558.75**

DOCUMENT #  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)