

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002040**

1. Entity Name
CASTRO EQUIPMENT FAMILY LIMITED PARTNERSHIP



FILED

03 APR -7 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**237 SOUTH VOLUSIA AVENUE
ARCADIA FL 33821**

Mailing Address
**C/O ANDREW AMES, CPA
128 WEST OAK STREET
ARCADIA FL 34266**

2. Principal Place of Business

231 S. BREVARD

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

ARCADIA FL

City & State

4. FEI Number **59-3477756**

Applied For

Not Applicable

Zip

34266

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASTRO, MARIA E
237 SOUTH VOLUSIA AVENUE
ARCADIA FL 33821**

7. Name and Address of New Registered Agent

Name
CASTRO, MARIA
Street Address (P.O. Box Number is Not Acceptable)
231 S. BREVARD
City
ARCADIA FL Zip Code
34266

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

2/24/02
DATE

9. Capital Contributions
as Shown on record. **\$20,500.00**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CASTRO, JOSE A
237 SOUTH VOLUSIA AVENUE
ARCADIA FL 33821**

STREET ADDRESS
CITY-ST-ZIP
**231 S. BREVARD Ave
ARCADIA FL 34266**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CASTRO, MARIA E
237 SOUTH VOLUSIA AVENUE
ARCADIA FL 33821**

STREET ADDRESS
CITY-ST-ZIP
**231 S. BREVARD Ave
ARCADIA FL 34266**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/24/02 **863/993-4433**
Date Daytime Phone #

CR2E003 (10/02)