

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002450**

1. Entity Name

MADNESS, LIMITED PARTNERSHIP

Principal Place of Business

**1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401**

Mailing Address

**1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401**

2. Principal Place of Business

10900 S. OCEAN BLVD

Suite, Apt. #, etc.

3. Mailing Address

10900 S. OCEAN BLVD

Suite, Apt. #, etc.

City & State

JENSEN BEACH FL

City & State

JENSEN BEACH FL

Zip

34457

Country

USA

Zip

34457

Country

USA

DUE BY SEPTEMBER 26, 2001

4. FEI Number

65-0794144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FARACH, MANUEL

**1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401**

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.

\$7,500.00

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 # **P97000096362**
NAME **MADNESS, INC.**
STREET ADDRESS **10900 STATE ROAD A-1-1**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 SEP 28 PM 3:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



000190 AT

CR2E003 (5/01)

STAPLE CHECK HERE