

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002930**

1. Entity Name

GIARDINA FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**1033 BOCA COVE LANE
HIGHLAND BEACH FL 33487**

Mailing Address

**1033 BOCA COVE LANE
HIGHLAND BEACH FL 33487**

2. Principal Place of Business

1501 SOUTH OCEAN BLVD.

3. Mailing Address

1501 SOUTH OCEAN BLVD.

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33062

Country

BROWARD

Zip

33062

Country

BROWARD

4. FEI Number

65-0782954

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

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.

\$400,000.00

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 # **P97000043687**
NAME **GIARDINA PROPERTIES, INC.**
STREET ADDRESS **1033 BOCA COVE LANE**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

DOCUMENT # **1501 SOUTH OCEAN BLVD.**
NAME **APT. 208**
STREET ADDRESS **POMPANO BE.**
CITY-ST-ZIP **FL 33062**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **1501 SOUTH OCEAN BLVD. APT. 208**

CITY-ST-ZIP **POMPANO BEACH FL 33062**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

001 JAN-30 PM 12:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)