

2001 Reinstatement A97-2939 A97/000002939

DOCUMENT # A97-2939

1. Entity Name

Kazarian Family Limited Partnership

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 28 PM 1:50

Principal Place of Business

Mailing Address

3154 Shoreline Dr.
Clearwater, FL 33760

9/29/00

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3483664

Applied For
Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

David Kazarian
3154 Shoreline Dr.
Clearwater, FL 33760

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

6-24-01

9. Capital Contributions
as Shown on record.

435,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

306,694

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
Kazarian, Margaret H
STREET ADDRESS
CITY-ST-ZIP
Address same

STREET ADDRESS
800004463688--6
CITY-ST-ZIP
-07/09/01--01009--014
***2052.50 ***2052.50

DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
Penalty 00/01 \$1000.00
CITY-ST-ZIP
UBR 2000 - 437.50

DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
Payment 535.00

STREET ADDRESS
UBR 2001 - 437.50
CITY-ST-ZIP
Supfee 00/01 - 177.50

DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
2052.50 up

DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2000-2001

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/20/01 727/515-1532

CR2E003 (N/00)