

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000030**

1. Entity Name

THE GONZALEZ FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**8477 GLENCAIRN TERR.
MIAMI LAKES FL 33016**

Mailing Address

**8477 GLENCAIRN TERR.
MIAMI LAKES FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 MAR 19 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

65-0811135

Applied For

Not Applicable

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

**GONZALEZ, ROLANDO
8477 GLENCAIRN TERR.
MIAMI LAKES FL 33016**

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

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 #	GONZALEZ, ROLANDO
NAME	8477 GLENCAIRN TERR.
STREET ADDRESS	MIAMI LAKES FL 33016
CITY-ST-ZIP	
DOCUMENT #	GONZALEZ, MARIA ELENA
NAME	8477 GLENCAIRN TERR.
STREET ADDRESS	MIAMI LAKES FL 33016
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700005152987--6
CITY-ST-ZIP	-03/25/02--01034--016
STREET ADDRESS	****526.25 ****526.25
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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: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 3/13/02 305-558-2989
Date Daytime Phone #

CR2E003 (9/01)