

2001 UNIFORM BUSINESS REPORT (UBR)

308791 AF

DOCUMENT # **A98000000480**

1. Entity Name

THE DIMEDIO FAMILY LIMITED PARTNERSHIP

FILED

01 APR 13 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1000 CLINT MOORE ROAD, SUITE 101
BOCA RATON FL 33487

Mailing Address

1000 CLINT MOORE ROAD, SUITE 101
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

269 NW 64th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

4. FEI Number

65-0813176

Applied For

Not Applicable

Zip

Country

Zip

33487

Country

USA

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

DIMEDIO, MICHAEL A
269 NW 64TH ST.
BOCA RATON FL 33487

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.

\$5,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
DIMEDIO, MICHAEL C
1000 CLINT MOORE ROAD, SUITE 101
BOCA RATON FL 33487

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/01

561-241-1445

Date

Daytime Phone #

CR2E003 (11/1/00)