

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000490

1. Entity Name

SEIN FAMILY LIMITED PARTNERSHIP, LTD.

Principal Place of Business

101-B GARLAND CIRCLE
PALM HARBOR FL 34683

Mailing Address

101-B GARLAND CIRCLE
PALM HARBOR FL 34683-5171

2. Principal Place of Business

5042 Cross Pointe Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 270
Suite, Apt. #, etc.
Oldsmar

City & State

Oldsmar, FL

City & State

FL

Zip

34677

Country

USA

Zip

34677

Country

USA

4. FEI Number

59-3496116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISES ROAD, SUITE 100
CLEARWATER FL 33763

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.

\$300,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

50,000

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
RAMON SEIN, FRANCISCO
101 JAZMIN ST, URB. SAN FRANCISCO
SAN JUAN, PUERTO RICO 00927

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
C. LLOMPART SEIN, NAIDA
101 JAZMIN ST, URB. SAN FRANCISCO
SAN JUAN, PUERTO RICO 00927

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

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

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

Signature: Naida Llopart Sein
Date: 4/21/2000
Daytime Phone #: 227-786-6280

FILED
May 02, 2000 8:00 am
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2 3707 (4-1-99)