

2002 UNIFORM BUSINESS REPORT (UBR)

0015976 AT

DOCUMENT # **A98000000490**

1. Entity Name

SEIN FAMILY LIMITED PARTNERSHIP, LTD.

FILED

02 MAY -2 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**5042 CROSS POINTE DRIVE
OLDSMAR FL 34677**

Mailing Address

**P.O. BOX 270
OLDSMAR FL 34677**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**COLL, MARTA S
5042 CROSS POINTE DRIVE
OLDSMAR FL 34677**

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.

\$300,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$15,000.00

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 # | 6.P. |
| NAME | COLL, MARTA STEIN |
| STREET ADDRESS | P.O. BOX 270 |
| CITY-ST-ZIP | OLDSMAR FL 34677-0270 |
| DOCUMENT # | EUNICE SEIN KOON G.P. |
| NAME | P.O. Box 1237 |
| STREET ADDRESS | Palm Harbor FL A. 34682 |
| CITY-ST-ZIP | |
| DOCUMENT # | MIRIAM SEIN FERNANDEZ |
| NAME | 1800 BEN FRANKLIN DR #808 |
| STREET ADDRESS | SARASOTA, FLA. 34236 G.P. |
| CITY-ST-ZIP | |
| DOCUMENT # | Amendment filed |
| NAME | 5-2-02 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|------------------------------|
| STREET ADDRESS | 5042 Cross Pointe Dr. |
| CITY-ST-ZIP | Oldsmar, FL 34677 |
| STREET ADDRESS | 36406 U.S. Hwy. 19 N |
| CITY-ST-ZIP | Palm Harbor, FL 34684 |
| STREET ADDRESS | |
| CITY-ST-ZIP | 900005609799--2 |
| STREET ADDRESS | -05/24/02--01032--004 |
| CITY-ST-ZIP | ****141.25 ****141.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | FF \$141.25 |
| 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:

Marta Stein Coll, G.P.
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/02 **727-771-9268**

Date

Daytime Phone #

CR2E003 (9/01)