

2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # A98000000609

1. Entity Name
IRIBAR FAMILY LIMITED PARTNERSHIP

Principal Place of Business
8122 N.W. 164TH TERRACE
MIAMI LAKES FL 33016

Mailing Address
8122 N.W. 164TH TERRACE
MIAMI LAKES FL 33016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5551 HANCOCK ROAD

3. Mailing Address
5551 HANCOCK ROAD

City & State
FT. LAUDERDALE, FL.

City & State
FT. LAUDERDALE, FL.

Zip
33330

Country
BROWARD

Zip
33330

Country
BROWARD

4. FEI Number
65-0883900

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MILCH, LEE ESQUIRE
% LEE MILCH, P.A.
11900 BISCAYNE BLVD., #809
NORTH MIAMI FL 33181

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$990.00**

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 #	P97000093438	STREET ADDRESS	5551 HANCOCK ROAD
NAME	THE IRIBAR CORPORATION	CITY - ST - ZIP	FT. LAUDERDALE, FL 33330
STREET ADDRESS	8122 N.W. 164TH TERRACE		
CITY - ST - ZIP	MIAMI LAKES FL 33016		
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **4/24/2000 (954) 926-2900**

Date **Daytime Phone #**

CR2E003 (9/99)