

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000609**

1. Entity Name

**IRIBAR FAMILY LIMITED PARTNERSHIP**

FILED

01 SEP 10 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
5551 HANCOCK ROAD  
FORT LAUDERDALE FL 33330

Mailing Address  
5551 HANCOCK ROAD  
FORT LAUDERDALE FL 33330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number **65-0883900**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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.

**\$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

DOCUMENT # **P97000093438**  
NAME **THE IRIBAR CORPORATION**  
STREET ADDRESS **5551 HANCOCK ROAD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
**400004610544-7**  
**-09/25/01--01068--022**  
**\*\*\*\*541.25 \*\*\*\*541.25**

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CITY-ST-ZIP

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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]* **IRIBAR** 9/5/01 (954) 926-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

1A 991000

CR2E003 (5/01)