

2002 UNIFORM BUSINESS REPORT (UBR)

0011410 AT

DOCUMENT # **A98000000609**

1. Entity Name

IRIBAR FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**5551 HANCOCK ROAD
FORT LAUDERDALE FL 33330**

Mailing Address

**5551 HANCOCK ROAD
FORT LAUDERDALE FL 33330**

FILED

2002 APR 12 PM 4:56

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

DUE BY MAY 1, 2002

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. #800
NORTH MIAMI FL 33181**

**100 W. CYPRESS CREEK RD.
SUITE 935
FT. LAUD. FL**

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.

\$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**
NAME **THE IRIBAR CORPORATION**
STREET ADDRESS **5551 HANCOCK ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
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CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E003 (9/01)