

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0010994
AT

DOCUMENT # **A98000000864**

1. Entity Name
GOMEZ-ESPRIELLA FAMILY LIMITED PARTNERSHIP

02 APR 26 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2873 N.E. 25TH STREET
FORT LAUDERDALE FL 33305**

Mailing Address
**2873 N.E. 25TH STREET
FORT LAUDERDALE FL 33305**



2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0820732		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOMEZ, JAIME 2873 N.E. 25TH STREET FORT LAUDERDALE FL 33305			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.

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **200,000**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GOMEZ, JAIME	STREET ADDRESS	
NAME	2873 N.E. 25TH STREET	CITY-ST-ZIP	200005449372-9
STREET ADDRESS	FORT LAUDERDALE FL 33305		-05/03/02--01030--002
CITY-ST-ZIP			***526.25 ***526.25
DOCUMENT #	GOMEZ, JANEL	STREET ADDRESS	
NAME	2873 N.E. 25TH STREET	CITY-ST-ZIP	
STREET ADDRESS	FORT LAUDERDALE FL 33305		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APRIL 23/02 (954) 564-3415

CRZE003 (9/01)