

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0012427  
AT

DOCUMENT # **A98000001374**

1. Entity Name

**130 NORTH DIXIE HIGHWAY, LTD.**

02 MAR -1 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**166 HARVARD DRIVE  
LAKE WORTH FL 33460**

Mailing Address  
**166 HARVARD DRIVE  
LAKE WORTH FL 33460**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number  
**65-0847693**

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

**SPINELLI, PHILIP V  
166 HARVARD DRIVE  
LAKE WORTH FL 33460**

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. **\$1,000.00**

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 #	<b>P98000049224</b>	STREET ADDRESS	
NAME	<b>130 NORTH DIXIE HIGHWAY, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>166 HARVARD DRIVE</b>		
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>		
DOCUMENT #		STREET ADDRESS	<b>500005051085--3</b>
NAME		CITY-ST-ZIP	<b>-03/06/02--01074--024</b>
STREET ADDRESS			<b>****141.25 ****141.25</b>
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: **PAUL B. SPINELLI** 3/1/02 582-2796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CP2E003 (9/01)