

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001409**

1. Entity Name

**THE MAX & PEARL A. MARCO FAMILY LIMITED PARTNERS
HIP**

Principal Place of Business

**7000 ISLAND BOULEVARD, STE. #2402
MIAMI FL 33160**

Mailing Address

**7000 ISLAND BOULEVARD, STE. #2402
MIAMI FL 33160**

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

59-2397859

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

\$500,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

1076,839

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 #
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MARCO, MAX
7000 ISLAND BOULEVARD, STE. #2402
MIAMI FL 33160**

STREET ADDRESS
CITY-STATE-ZIP
9000008312319--1

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MARCO, PEARL ANNE
7000 ISLAND BOULEVARD, STE. #2402
MIAMI FL 33160**

STREET ADDRESS
CITY-STATE-ZIP
**-10/10/02--01080--001
*****526.25 *****526.25**

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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: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Max Marco - 4/8/02

CR2E003 (9/01)