

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001620**

1. Entity Name

TRI-MINJ FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**1475 W. CYPRESS CR. RD., SUITE 204
FT. LAUDERDALE FL 33309**

Mailing Address

**14354 CYPRESS ISLAND COURT
PALM BEACH GARDENS FL 33410**

FILED

02 APR 18 PM 2:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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

65-0848959

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

ROSENSTOCK, PATRICIA ANN

14354 CYPRESS ISLAND COURT

PALM BEACH GARDENS FL 33410

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

\$2,000,000.00

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 # **P98000057880**
NAME **TRI-MINJ MANAGEMENT COMPANY**
STREET ADDRESS **14354 CYPRESS ISLAND COURT**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-15-02 561744-6225

Date

Daytime Phone #

CR2E003 (9/01)