

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008812 AT

DOCUMENT # A98000002568



1. Entity Name
LABRADA FAMILY LIMITED PARTNERSHIP 95-1

FILED

2003 MAR 14 AM 8:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
8218 S.W. 85TH TERRACE
MIAMI FL 33143

Mailing Address
1150 NW 72ND AVE
#307
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0762057

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LABRADA, ARMANDO
8218 S.W. 85TH TERRACE
MIAMI FL 33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$10.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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-ST-ZIP
LABRADA, ARMANDO
8218 S.W. 85TH TERRACE
MIAMI FL 33143

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP
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8218 S.W. 85TH TERRACE
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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: X

SIGNATURE REQUIRED

Armando Labrada 2/10/03

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE