

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 98000002587

1. Entity Name

Mendez Family Investments, Ltd.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 18 PM 1:33

Principal Place of Business

902 N.E. 1st Street  
Suite 202  
Pompano Beach, FL 33060

Mailing Address

*Same*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0992274

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gaston Mendez Jr

902 N.E. 1st Street  
Suite 202

Pompano Beach, FL 33060

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

792,000

10. Amount of Capital Contributions  
in FLORIDA to date.

792,000

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 # ~~A 98000002587~~  
NAME Gaston Mendez  
STREET ADDRESS 902 N.E. 1st Street, Suite 202  
CITY-ST-ZIP Pompano Beach, FL 33060

STREET ADDRESS

CITY-ST-ZIP

~~000003306940--2~~  
~~-06/28/00--01004--019~~  
~~\*\*\*150.00 \*\*\*150.00~~

DOCUMENT #  
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CITY-ST-ZIP

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

Date

Daytime Phone #

(954) 781-6422

1999 (1) 120