

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A98000002587**

1. Entity Name  
**MENDEZ FAMILY INVESTMENTS, LTD.**



Principal Place of Business  
**902 N.E. 1ST STREET, SUITE 202  
POMPANO BEACH FL 33060**

Mailing Address  
**902 N.E. 1ST STREET, SUITE 202  
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

03 JUL 21 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MENDEZ, GASTON JR 902 N.E. 1ST STREET, SUITE 202 POMPANO BEACH FL 33060</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.	<b>\$792,000.00</b>	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	<b>MENDEZ, GASTON JR 902 N.E. 1ST STREET, SUITE 202 POMPANO BEACH FL 33060</b>	STREET ADDRESS  <b>600021245476</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS  07/01/03--01072--001	**526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS  07/21/03--01071--004	**526.85
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS  <b>600021245476</b>	07/21/03--01071--004 **400.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS  CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS  CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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:

*Matthew J. Mendez* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/20/03 (954) 781-6423

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE

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