

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002844**

1. Entity Name
DAMATOW FAMILY LIMITED PARTNERSHIP



FILED

03 FEB 11 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**110 NE 40TH STREET
MIAMI FL 33137**

Mailing Address
**110 NE 40TH STREET
MIAMI FL 33137**

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, 2003

4. FEI Number **65-0927863**

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

**SCIARRETTA, STEVEN A
2300 GLADES ROAD, SUITE 302E
BOCA RATON FL 33431**

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. **\$1,500,000.00**

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 # **L98000003363**
NAME **DAMATOW MANAGEMENT, LC**
STREET ADDRESS **110 NE 40TH STREET**
CITY-ST-ZIP **MIAMI FL 33137**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

100010065181
01/14/03--01012--011 **437.50
100010065181
02/06/03--01022--009 **88.75

CR2E003 (10/02)

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 Required* **1/7/03** **305-573-5619**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date Daytime Phone #