

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007384 AT

**DOCUMENT # A99000000438**

1. Entity Name  
**J. AND S. SIDDIQUI LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 15



Principal Place of Business  
**2815 N.W. 13TH STREET, SUITE 301  
GAINESVILLE FL 32609**

Mailing Address  
**2815 N.W. 13TH STREET, SUITE 301  
GAINESVILLE FL 32609**

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 **59-3570695**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BIC CHAU, TERESA**  
**2815 N.W. 13TH STREET, SUITE 301**  
**GAINESVILLE FL 32609**

**7. Name and Address of New Registered Agent**

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

9. Capital Contributions as Shown on record. **\$1,300,000.00**

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**

DOCUMENT #	SIDDIQUI, J TRUSTEE
NAME	2815 N.W. 13TH STREET, SUITE 301
STREET ADDRESS	GAINESVILLE FL 32609
CITY-ST-ZIP	
DOCUMENT #	SIDDIQUI, S TRUSTEE
NAME	2815 N.W. 13TH STREET, SUITE 301
STREET ADDRESS	GAINESVILLE FL 32609
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600005289876--8</b>
CITY-ST-ZIP	<b>-04/17/02--01064--008</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	<b>AL / 7</b>
CITY-ST-ZIP	
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:** **04/12/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)