

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000438

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



FILED

03 APR 29 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3570695

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

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

Name
Chau, Teresa B.

Street Address (P.O. Box Number is Not Acceptable)

823 NW 23rd Ave

Gainesville, FL 32609

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

4/14/03
DATE

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 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
SIDDQUI, J TRUSTEE
2815 N.W. 13TH STREET, SUITE 301
GAINESVILLE FL 32609

STREET ADDRESS
CITY-ST-ZIP

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

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: J. AND S. SIDDIQUI LIMITED PARTNERSHIP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0310

Daytime Phone #

CR2E003 (10/02)

0007478 AT

STAPLE CHECK HERE