

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000734

1. Entity Name

CATINELLA FAMILY INVESTMENT, LTD.

Principal Place of Business

5100 N. OCEAN BLVD  
FT LAUDERDALE FL 33308

Mailing Address

5100 N. OCEAN BLVD  
FT LAUDERDALE FL 33308

02 MAY -1 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

NOT APPLICABLE

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

CATINELLA, FRANK P  
5100 N. OCEAN BLVD  
FT LAUDERDALE FL 33308

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.

DATE

9. Capital Contributions  
as Shown on record.

\$178,200.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	FRANK P CATINELLA AS TRUSTEE OF THE
NAME	5100 N OCEAN BLVD
STREET ADDRESS	FT LAUDERDALE FL
CITY-ST-ZIP	
DOCUMENT #	FRANK P CATINELLA IRREVOCABLE TRUST FOR
NAME	THE BENEFIT OF FRANK P CANTINELLA JR
STREET ADDRESS	AND TARYN E CANTINELLA
CITY-ST-ZIP	
DOCUMENT #	DATED MARCH 9, 1999
NAME	5100 N OCEAN BLVD
STREET ADDRESS	FT LAUDERDALE FL
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
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CITY-ST-ZIP	100005505871--2
	-05/13/02--01045--018
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/29/02 454-9427083

CR2E003 (9/01)