

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000790**

1. Entity Name

SAM MINIEA FAMILY HOLDINGS, LTD.

FILED

02 OCT 29 PM 4: 57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

0000874 AT

Principal Place of Business 19 GATEHOUSE ROAD FORT LAUDERDALE FL 33308	Mailing Address 19 GATEHOUSE ROAD FORT LAUDERDALE FL 33308
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0919630	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MINIEA, SAM A
19 GATEHOUSE ROAD
FORT LAUDERDALE FL 33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	\$580,453.00
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10. Amount of Capital Contributions in FLORIDA to date.	
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000033752 SAM MINIEA FAMILY HOLDINGS, INC. 19 GATEHOUSE ROAD FORT LAUDERDALE FL 33308
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	700008682927
STREET ADDRESS	10/29/02 01165 002
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: *Sam Miniea*

10/29/02

CR2E003 (4/02)