

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010886 AT

DOCUMENT # **A99000000791**

1. Entity Name

**THE 132ND STREET LIMITED PARTNERSHIP**

**FILED**

**02 APR 18 PM 2:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business

**C/O MTC MANAGEMENT  
13155 S.W. 132ND AVENUE  
MIAMI FL 33186**

Mailing Address

**C/O MTC MANAGEMENT  
13155 S.W. 132ND AVENUE  
MIAMI FL 33186**

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

**54-0921257**

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

**KUKER, HOWARD L ESQ.**

**9200 SOUTH DADELAND BLVD., SUITE 508**

**MIAMI FL 33158**

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.

**\$70,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARTINO, ANSELME  
13155 S.W. 132ND AVENUE  
MIAMI FL 33156**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #  
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CITY-ST-ZIP

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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:

*Anselme Martino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-15-02**

Date

**305-969-6700**

Daytime Phone #

CR2E003 (9/01)