

2002 UNIFORM BUSINESS REPORT (UBR)

0002284

DOCUMENT # **A99000000925**

1. Entity Name

THE GENET FAMILY LIMITED PARTNERSHIP NO. 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 29 PM 3: 58



Principal Place of Business

**19080 N.E. 29TH AVENUE
AVENTURA FL 33180**

Mailing Address

**19080 N.E. 29TH AVENUE
AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0924752

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

**NELSON, BARRY A ESQ.
C/O NELSON & LA FEMINA
19495 BISCAYNE BLVD., SUITE 609
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name
Nelson, Barry A. Esq.
Street Address (P.O. Box Number is Not Acceptable)
Nelson & Levine, P.A.

2775 Sunny Isles Blvd., Suite 118

City
North Miami Beach

FL

Zip Code
33160

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.

\$3,000,000.00

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 # **P98000102066**
NAME **GENET FAMILY HOLDINGS, INC.**
STREET ADDRESS **19080 N.E. 29TH AVENUE**
CITY-ST-ZIP **AVENTURA FL 33180**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

100004881731--5

CITY-ST-ZIP

**02/05/02 01085-011
****535.00 ****535.00**

DOCUMENT #

NAME

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)