

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001740

1. Entity Name

FLG FL. PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 19 AM 9:14

✓ 3/22

Principal Place of Business

6617 GLENCOE DR.
TEMPLE TERRACE FL 33617

Mailing Address

6617 GLENCOE DR.
TEMPLE TERRACE FL 33617



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

59-3613455

Applied For

Not Applicable

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

VALENTI

~~GALENTI~~ DANIA F

6617 GLENCOE DRIVE

TEMPLE TERRACE FL 33617

Name

VALENTI, DANIA F.

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

Dania F. Valente, Treasurer

3/9/02

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

DATE

9. Capital Contributions
as Shown on record.

\$2,702,000.00

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
GARCIA, FRANK L TRUSTEE
711 W. HILDA
TAMPA FL 33603

STREET ADDRESS
CITY-ST-ZIP

Amendment filed/attached

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GARCIA, LUCILLE P TRUSTEE
711 W. HILDA
TAMPA FL 33603

STREET ADDRESS
CITY-ST-ZIP

400005137704--8
03/21/02 01016 003
****578.75 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

FF \$526.25

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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:

Dania F. Valente

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/02 813 988-6973

Date

Daytime Phone #

CR2E003 (9/01)