

2002 UNIFORM BUSINESS REPORT (UBR)

0010786 AT

DOCUMENT # **A99000001743**

1. Entity Name

LCME ENTERPRISES LIMITED PARTNERSHIP

FILED

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02 APR 25 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1814 NE MIAMI GARDENS DRIVE, #500
NORTH MIAMI BEACH FL 33179**

Mailing Address

**1814 NE MIAMI GARDENS DRIVE, #500
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0939684

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITRANI, ISAAC
ONE SE THIRD AVENUE, SUITE 2200
MIAMI FL 33131**

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.

\$913,000.00

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 # **P99000070138**
NAME **LCME ENTERPRISES, INC.**
STREET ADDRESS **1814 NE MIAMI GARDENS DRIVE, #500**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

STREET ADDRESS

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CR2E003 (9/01)

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:

Scary Edward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/02

(305) 446-2777

Date

Daytime Phone #