

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0010179 AT

DOCUMENT # **A99000001779**

1. Entity Name
UNITED ENTERPRISES, LTD.



03 JAN 28 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4110 LAGUNA STRET
CORAL GABLES FL 33146**

Mailing Address
**4110 LAGUNA STRET
CORAL GABLES FL 33146**



2. Principal Place of Business
4400 S.W. 75 AVE
Suite, Apt. #, etc.

3. Mailing Address
4400 S.W. 75 AVE
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
MIAMI FL.

City & State
MIAMI FL

4. FEI Number **59-1560972**

Applied For
Not Applicable

Zip **33155** Country **USA**

Zip **33155** Country **USA**

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

**ZOLPE REALTY, INC.
4110 LAGUNA STRET
CORAL GABLES FL 33146**

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

DATE

9. Capital Contributions as Shown on record. **\$617,660.00**

10. Amount of Capital Contributions in FLORIDA to date. **480,989.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**NOTE: 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 # **F08600**
NAME **ZOLPE REALTY, INC.**
STREET ADDRESS **4110 LAGUNA STRET**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/03

305-261-5366

Date

Daytime Phone #

CR2E003 (10/02)