

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002045

1. Entity Name

THE FLORENCE V. DE NAPOLI/FAMILY PARTNERSHIP, L

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

8345 S.W. 132 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

Zip

Country

33156

4. FEI Number

65-0921883

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

Name

ROBERT E. CARLSON

Street Address (P.O. Box Number is Not Acceptable)

7711 S.W. 62nd AVE.

SUITE 201

City SOUTH MIAMI

FL

Zip 33143

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

*Robert E. Carlson*

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

(NOTE: Registered Agent signature required when reinstating)

4/19/01

DATE

9. Capital Contributions as Shown on record.

2,000

10. Amount of Capital Contributions in FLORIDA to date.

2,000

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 # FLORENCE V. DE NAPOLI  
NAME 8345 S.W. 132nd STREET  
STREET ADDRESS MIAMI, FL 33156  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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: Florence V. De Napoli Florence V. De Napoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

(305) 232-2071

Daytime Phone #

CR2E003 (11/00)