

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002249 AV

DOCUMENT # **A99000002045**

1. Entity Name  
**THE FLORENCE V. DE NAPOLI/FAMILY PARTNERSHIP, LT  
D.**



**FILED**

**03 APR 22 AM 8:46**

**MJH**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**8345 SW 132 STREET  
MIAMI FL 33156**

Mailing Address  
**8345 SW 132 STREET  
MIAMI FL 33156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

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

**ROBERT E. CARLSON  
7711 S.W. 62ND AVE.  
SUITE 201  
SOUTH MIAMI FL 33143**

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. **\$7,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 **DE NAPOLI, FLORENCE V**  
STREET ADDRESS **8345 SW 132 STREET**  
CITY-ST-ZIP **MIAMI FL 33156**

STREET ADDRESS

CITY-ST-ZIP

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**900016678249**  
**04/22/03--01071--020 \*\*141.25**

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 of Florence DeNapoli**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/15/03 (95) 232-2071**  
Date Daytime Phone #

CR2E003 (10/01) 0002249

STAMP CHECK HERE