

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000217

1. Entity Name
MUTTI FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 18 PM 2:40

Principal Place of Business
C/O MACLEAN AND EMA 2600 N.E. 14TH ST CSWY
POMPANO BEACH FL 33062

Mailing Address
C/O MACLEAN AND EMA 2600 N.E. 14TH ST CSWY
POMPANO BEACH FL 33062

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 88-0463552

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

MACLEAN, LAURA G
2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

Name
MUTTI, LAURA

Street Address (P.O. Box Number is Not Acceptable)
500 NE 1ST AVENUE

City FT LAUDERDALE FL Zip Code 33301

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

11 APR 03
DATE

9. Capital Contributions
as Shown on record. \$190,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$190,000.00

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
STREET ADDRESS
CITY - ST - ZIP
MUTTI, FRANCESCO
2106 NE 15TH ST.
FORT LAUDERDALE FL 33304

STREET ADDRESS
CITY - ST - ZIP

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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: *Francesco Mutti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

11 APR 03 954-394-1630
Date Daytime Phone #

CR2E001 (10/02)