

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000006



1. Entity Name
SUMINISTROS GENERALES S.R. LTD

FILED

03 MAR 25 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
18001 NORTH BAY ROAD
SUITE 405
MIAMI BEACH FL 33160

Mailing Address
305 SW 12TH AVE.
MIAMI FL 33130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-1066843

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MART'S ACCOUNTING COMPANY
305 SW 12TH AVE.
MIAMI FL 33130

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.

\$0.00

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 PEREZROMERO, OSCAR S
STREET ADDRESS BARRIO NUEVO
CITY-ST-ZIP SAN JACINTO, DISTRITO DE NEP

STREET ADDRESS

CITY-ST-ZIP

300014684193
03/25/03--01067--018 **141.25

DOCUMENT #
NAME SANCHEZ, JORGE A
STREET ADDRESS CASA K3-7 UNICRETO
CITY-ST-ZIP NUEVO CHIMBOTE

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME URQUIAGA, ROBERTO
STREET ADDRESS 18001 NORTH BAY ROAD
CITY-ST-ZIP MIAMI BEACH FL 33160

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: X SIGNATURE REQUIRED

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING GENERAL PARTNER

03/17/03

Date

(305) 466-0763

Daytime Phone #

CR2E003 (10/02)

0006895 AT