

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005792 AT

DOCUMENT # B96000000244

1. Entity Name
DISERIO PARTNERS LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -7 PM 2:37

Principal Place of Business
C/O THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address
4 SAWGRASS VILLAGE, #1308
PONTE VEDRA FL 32082



2. Principal Place of Business
4 SAWGRASS VILLAGE DR.

3. Mailing Address

Suite, Apt. #, etc.
STE. 1308

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
PONTE VEDRA BEACH, FL

City & State

4. FEI Number 59-3388691

Applied For

Not Applicable

Zip
32082

Country
USA

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

DISERIO, MATTHEW J
4 SAWGRASS VILLAGE
PONTE VEDRA FL 32082

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 \$10,000.00
as Shown on record.

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 DISERIO, MATTHEW J
STREET ADDRESS 40 EAST 94TH ST., APT. 30-F
CITY-ST-ZIP NEW YORK NY 10128

STREET ADDRESS

100019876751
05/27/03--01068--001 **158.75

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE