

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015879 AT

DOCUMENT # B98000000644

1. Entity Name

PADUA STABLES, L.P.

FILED

02 APR 23 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

15400 SOUTH US HIGHWAY 301  
SUMMERFIELD FL 34491

Mailing Address

P.O. BOX 1260  
SUMMERFIELD FL 34492-1260

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

59-3500568

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

SANAN, NADIA ANNE

15400 SOUTH US HIGHWAY 301

SUMMERFIELD FL 34491

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$2,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

-0-

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 # F98000006132  
NAME PADUA STABLES, INC.  
STREET ADDRESS 15400 SOUTH US HIGHWAY 301  
CITY-ST-ZIP SUMMERFIELD FL 34491

STREET ADDRESS

CITY-ST-ZIP

3000005450603--2  
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CR2E003 (9/01)

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:

*Nadia A. Sanan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Nadia A. Sanan

4/19/02

(352) 307-8082

Date

Daytime Phone #