

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000381

1. Entity Name

THE CINELLI FAMILY LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1149 PARK AVE.
NEW YORK NY 10128

Mailing Address

1149 PARK AVE.
NEW YORK NY 10128-1239

2. Principal Place of Business

3. Mailing Address

303 E 57th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8F

City & State

City & State

NY, NY

Zip

Country

Zip

Country

10022

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, LEILA ESQ.
INTRACOSTAL BLDG. SUITE 105
3000 NORTHEAST PL.
FT. LAUDERDALE FL 33306-1957

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

Peter B Cinelli

1/11/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,229,564.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$80,000.00

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 #
NAME
CINELLI, PETER B
STREET ADDRESS
225 EAST 64TH STREET
CITY - ST - ZIP
NEW YORK NY

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/11/2000 212-588-1915