

**2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000002519

**Entity Name:** UNITED SISTERS, LTD.

**Current Principal Place of Business:**

23279 NORTH BARWOOD LANE #209  
BOCA RATON, FL 33428

**Current Mailing Address:**

8911 NW 19TH ST  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 65-0726879

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOODWIN, ALEXANDRA  
8911 NW 19TH ST  
CORAL SPRINGS, FL 33071 US

*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:** ALEXANDRA GOODWIN

04/05/2021

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #

Name SALEM, ALBERTO TRUSTEE  
Address 23279 NORTH BARWOOD LANE  
APT.209  
City-State-Zip: BOCA RATON FL 33428

Document #

Name SALEM, GARCIA TRUSTEE  
Address 23279 NORTH BARWOOD LANE  
APT.209  
City-State-Zip: BOCA RATON FL 33428

Document #

Name SALEM, ALBERTO TRUSTEE  
Address 23279 NORTH BARWOOD LANE  
APT.209  
City-State-Zip: BOCA RATON FL 33428

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Name SALEM, GARCIA TRUSTEE  
Address 23279 NORTH BARWOOD LANE  
APT.209  
City-State-Zip: BOCA RATON FL 33428

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SALEM, GARCIA

**GENERAL PARTNER**

04/05/2021

Electronic Signature of Signing General Partner Detail

Date