

2001 UNIFORM BUSINESS REPORT (UBR)

000732 AF

DOCUMENT # A00000000570

1. Entity Name
FISHMAN FAMILY LTD.

FILED
01 FEB 13, AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1500 SOUTH OCEAN DRIVE, UNIT 306-S BOCA RATON FL 33432

Mailing Address: 1500 SOUTH OCEAN DRIVE, UNIT 306-S BOCA RATON FL 33432

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 65-0996636 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GLASSER, GENE K
C/O ABRAMS ANTON P.A.
2021 TYLER STREET
HOLYWOOD FL 33022**

7. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **same**

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

DOCUMENT #	FISHMAN, IRVING
NAME	1500 SOUTH OCEAN DRIVE, UNIT 306-S
STREET ADDRESS	BOCA RATON FL 33432
CITY - ST - ZIP	
DOCUMENT #	FISHMAN, CELINA
NAME	1500 SOUTH OCEAN DRIVE, UNIT 306-S
STREET ADDRESS	BOCA RATON FL 33432
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	FF \$526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	700003675387--2
CITY - ST - ZIP	-02/13/01--01001--005
STREET ADDRESS	****526.25 ****526.25
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: *Celina Fishman* DATE: 1/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)