

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A07090**

1. Entity Name

INDUSTRIAL AFFILIATES, LTD.

Principal Place of Business

Mailing Address

00 MAR 20 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 3/20

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7850 N.W. 72ND AVE.

40 LEONARD JAFFE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 30062 JFK Airport

City & State

MIAMI, FL.

City & State

JAMAICA, New York

Zip

Country

33122-1310

USA

Zip

Country

11430

USA

4. FEI Number

59-1945890

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**LEONARD JAFFE
7850 N.W. 72ND AVENUE
MIAMI, FL. 33166**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

20,000.00

10. Amount of Capital Contributions in FLORIDA to date.

20,000.00

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.**

307.50

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **695143900027**
NAME **INDUSTRIAL INVESTORS (LA FL. GEN. PR.)**
STREET ADDRESS **7850 N.W. 72ND AVENUE**
CITY-ST-ZIP **MIAMI, FL. 33122-1310**

STREET ADDRESS

CITY-ST-ZIP

**500003197395--6
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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:

Leonard Jaffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/00
Date

718-656-7400
Daytime Phone #

CR2E003 (9/99)