

2000 UNIFORM BUSINESS REPORT (UBR)

0013394 J/F

DOCUMENT # **A96000000867**

1. Entity Name

HAROLD AND IRIS KATZMAN FAMILY LIMITED PARTNERSH

FILED

00 JAN 12 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

21405 N.E. 38TH AVENUE
AVENTURA FL 33180

21405 N.E. 38TH AVENUE
AVENTURA FL 33180-4019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0657869

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KATZMAN, HAROLD G
3020 MARCOS DR., APT. S406
AVENTURA FL 33160

Name

St

Mr. ~~Harold~~ Harold Katzman
21405 NE 38th Ave.
AVENTURA, FL 33180

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 KATZMAN, HAROLD G
STREET ADDRESS 3020 MARCOS DR., APT. S406
CITY - ST - ZIP AVENTURA FL 33160

STREET ADDRESS

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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:

Harold G. Katzman HAROLD G. KATZMAN JAN 09 306 9314742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

508 674 4067

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