

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000867**

1. Entity Name

**HAROLD AND IRIS KATZMAN FAMILY LIMITED PARTNERSH**

Principal Place of Business

**21405 N.E. 38TH AVENUE  
AVENTURA FL 33180**

Mailing Address

**21405 N.E. 38TH AVENUE  
AVENTURA FL 33180**

**FILED**

**01 JAN 19 AM 10:52**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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  
21405 NE 38TH AVE.  
AVENTURA FL 33180**

Name

**KATZMAN, HAROLD G**

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

**21405 NE 38TH AVE**

City

**AVENTURA**

FL

Zip Code

**33180**

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

*Harold G. Katzman*

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  
STREET ADDRESS  
CITY-ST-ZIP

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

STREET ADDRESS  
CITY-ST-ZIP

**21405 NE 38TH AVE  
AVENTURA, FL 33180-4019**

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CITY-ST-ZIP

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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)