

2000 UNIFORM BUSINESS REPORT (UBR)

3/24/20

DOCUMENT # **A96000002076**

1. Entity Name
Arnold R. Meyer Family Limited Partnership

FILED
00 APR 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
19707 Turnberry Way #22AB same
Aventura, FL 33180

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0732390** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Nelson, Barry A. Esq
% Nelson + Assoc.
19495 Biscayne Blvd, Suite 609
Aventura, FL 33180

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 10,000,000	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P96000086488		STREET ADDRESS		
NAME	ARNOLD R. Meyer Family Holding		CITY-ST-ZIP		
STREET ADDRESS	19707 Turnberry Way, #22AB				
CITY-ST-ZIP	Aventura, FL 33180				
DOCUMENT #			STREET ADDRESS	400003236064--2	
NAME			CITY-ST-ZIP	-05/03/00--01011--025	
STREET ADDRESS				****526.25 ****526.25	
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STREET ADDRESS					
CITY-ST-ZIP					

CR2E003 (9/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Roselyn Meyer* **3/23/20** **954-389-9849**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #