

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004239 AF

DOCUMENT # A97000000815

1. Entity Name

KRAVCHUK FAMILY LIMITED PARTNERSHIP, LTD.

Principal Place of Business  
1615 FERDINAND STREET  
CORAL GABLES FL 33134

Mailing Address  
1615 FERDINAND STREET  
CORAL GABLES FL 33134

FILED  
01 FEB -7 AM 11:47  
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 65-0749274

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

KRAVCHUK, STEVEN K  
8151 BRIDGEWATER CT, APT. C  
WEST PALM BEACH FL 33406

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

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. \$1,188,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,188,000.00

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME E. NANCY KRAVCHUK AS TRUSTEE OF THE E. NA  
STREET ADDRESS 1615 FERDINAND STREET  
CITY-ST-ZIP CORAL GABLES FL 33134

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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 *E. Nancy Kravchuk* REQUIRED NANCY KRAVCHUK 2/2/01 (305) 443-2694  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)