

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000040

1. Entity Name
ADLER UNITED LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2665 S. BAYSHORE DRIVE, UNIT 400
COCONUT GROVE FL 33133

Mailing Address
2665 S. BAYSHORE DRIVE, UNIT 400
COCONUT GROVE FL 33133-5402

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0803955**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GLASLSER, GENE K
ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD FL 33020**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$4,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,063,414.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000101376 MONROE PIERCE, INC. 2665 S BAYSHORE DRIVE, UNIT 400 COCONUT GROVE FL 33133
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000103823 FRANKLIN PENN, INC. <i>FRANKLIN PENN, INC</i> 2665 S BAYSHORE DRIVE, UNIT 400 COCONUT GROVE FL 33133
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	100003260151--9 -05/22/00--01004--022 ****535.00 ****535.00
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS 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: *Signature* **SIGNATURE REQUIRED** *4-24-00* **305-858-9460**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER FOR MONROE PIERCE, INC Date Daytime Phone #

CR2E003 (9/99)