

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000209**

1. Entity Name
JEROME KATZ FAMILY LTD.

Principal Place of Business
**2751 SOUTH OCEAN DRIVE, NO. 808N
HOLLYWOOD FL 33019**

Mailing Address
**2751 SOUTH OCEAN DRIVE, NO. 808N
HOLLYWOOD FL 33019**

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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2. Principal Place of Business		3. Mailing Address		DUE BY SEPTEMBER 26, 2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0895865	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COHN, ALAN B C/O ABRAMS ANTON P.A. 2021 TYLER STREET HOLLYWOOD FL 33022			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 **\$3,000,000.00** 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	KATZ, JEROME 2751 SOUTH OCEAN DRIVE, NO. 808N HOLLYWOOD FL 33019	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	700004610537--8 03/25/01--01068--020 ****926.25 ****926.25
		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003 (5/01)

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 REQUIRED *Jerome Katz* 8-21-01 954-434-4330