

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000355**

1. Entity Name

HERSKOWITZ FAMILY PARTNERSHIP, LTD.

Principal Place of Business
**6901 S.W. 147TH AVENUE
 MIAMI FL 33093**

Mailing Address
**6901 S.W. 147TH AVENUE
 MIAMI FL 33093**

FILED
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number **65-0931099**

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

**HERSKOWITZ, HARRY
 6901 S.W. 147TH AVENUE
 MIAMI FL 33093**

Name **JACK L. HERSKOWITZ**

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

9100 S. DADELAND BLVD., SUITE 1404

City **Miami**

FL

Zip Code **33156**

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

Jack L. Herskowitz

9/29/01

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. **\$1,000,000.00**

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 **HERSKOWITZ, HARRY**
 STREET ADDRESS **6901 S.W. 147TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33093**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME **Herskowitz, Jack L.**
 STREET ADDRESS **9100 S. Dadeland Blvd, Suite 1404**
 CITY-ST-ZIP **Miami, FL 33093**

STREET ADDRESS

CITY-ST-ZIP

~~200004640652-4~~
~~-10/18/01-01003-029~~
~~****541.25 ****541.25~~

DOCUMENT #
 NAME **Herskowitz, Allan**
 STREET ADDRESS **9100 S. Dadeland Blvd, Suite 1404**
 CITY-ST-ZIP **Miami, FL 33093**

STREET ADDRESS

CITY-ST-ZIP

~~200004640652-4~~
~~-10/18/01-01003-030~~
~~****385.00 ****385.00~~

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

Per amendment filed 9/29/01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/29/01

Date

305-6700101

Daytime Phone #

CR2E003 (5/01)

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