

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015839 AF

DOCUMENT # **B93000000257**

1. Entity Name

**FLEISHER ASSOCIATES, LTD.**

Principal Place of Business

**15 CYNWYD ROAD  
BALA-CYNWYD PA 19004**

Mailing Address

**15 CYNWYD ROAD  
BALA-CYNWYD PA 19004**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**23-2446431**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**FILED**

**01 MAR 26 PM 1:09**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**6. Name and Address of Current Registered Agent**

**MARLOWE, RONALD J ESQ.  
15TH FLOOR, COURTHOUSE CENTER  
175 NW FIRST AVENUE  
MIAMI FL 33128-1835**

**7. Name and Address of New Registered Agent**

|  |          |
|--|----------|
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |
| <b>FL</b>  |          |

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.

**\$400,000.00**

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 #                      | FLEISHER, ALLAN H<br>15 CYNWYD ROAD<br>BALA-CYNWYD PA 19004 | STREET ADDRESS           | 100003931481--9<br>-03/30/01--01063--013<br>*****88.75 *****88.75   |
| NAME                            |   | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |   |                          |   |
| CITY-ST-ZIP                     |   | STREET ADDRESS           | 100003931481--9<br>-03/30/01--01063--014<br>*****446.25 *****446.25 |
| DOCUMENT #                      |   | CITY-ST-ZIP              |   |
| NAME                            |   | STREET ADDRESS           |   |
| STREET ADDRESS                  |   | CITY-ST-ZIP              |   |
| CITY-ST-ZIP                     |   | STREET ADDRESS           |   |
| DOCUMENT #                      |   | CITY-ST-ZIP              |   |
| NAME                            |   | STREET ADDRESS           |   |
| STREET ADDRESS                  |   | CITY-ST-ZIP              |   |
| CITY-ST-ZIP                     |   | STREET ADDRESS           |   |
| DOCUMENT #                      |   | CITY-ST-ZIP              |   |
| NAME                            |   | STREET ADDRESS           |   |
| STREET ADDRESS                  |   | CITY-ST-ZIP              |   |
| CITY-ST-ZIP                     |   | STREET ADDRESS           |   |

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

*3/8/01*  
Date

*610668266*  
Daytime Phone #

CR2E003 (11/00)