

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002410

1. Entity Name

FLJ WHITMAN LIMITED PARTNERSHIP

Principal Place of Business

8925 COLLINS AVENUE  
SURFSIDE FL 33154

Mailing Address

8925 COLLINS AVENUE  
SURFSIDE FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WACHS, JEFFREY S ESQ.

C/O DOUMAR, CURTIS, CROSS, LAYSTROM & PERL

OFF 1177 S.E. THIRD AVE.

FORT LAUDERDALE FL 33316-1197

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.

\$1,000,000.00

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  
WHITMAN, FRIEDA  
8925 COLLINS AVENUE  
SURFSIDE FL 33154

STREET ADDRESS  
CITY-ST-ZIP

000003331200--7

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WHITMAN, JOSEPH  
300 92 STREET  
SURFSIDE FL 33154

STREET ADDRESS  
CITY-ST-ZIP

-09/13/00--01039--011

\*\*\*\*488.75 \*\*\*\*488.75

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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:

*Joseph L. Whitman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-22-00

Date

305-868-2244

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02



DO NOT WRITE IN THIS SPACE

CR2E003 (5/00)