

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002504**

1. Entity Name

**THE MATLUCK FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

**21430 NE 23RD AVENUE  
N. MIAMI BEACH FL 33180**

Mailing Address

**21430 NE 23RD AVENUE  
N. MIAMI BEACH FL 33180**

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

**MATLUCK, MICHAEL M  
21430 NE 23RD AVE.  
N. MIAMI BEACH FL 33179**

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

*[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.

**\$1,131,749.00**

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

DOCUMENT #	
NAME	<b>MATLUCK, MICHAEL M</b>
STREET ADDRESS	<b>21430 NE 23RD AVE.</b>
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>
DOCUMENT #	
NAME	<b>MATLUCK, KAREN S</b>
STREET ADDRESS	<b>21430 NE 23RD AVE.</b>
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	<b>400004484004--5</b> <b>-07/18/01--01029--006</b> <b>****535.00 ****535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/27/01 305.936.1600 #107**

**FILED**

**01 JUL -6 AM 8:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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CR2E003 (11/00)