

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

A 97000002565

1. Entity Name

Donald J. Kipnis Family Investments, LTD

FILED

2002 SEP 23 PM 3:16

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8491 NW 17th Street

3. Mailing Address

8491 NW 17th Street

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite L

Suite L

City & State

City & State

Miami, FL

Miami, FL

Zip

Zip

33126

Country

USA

Country

USA

DUE BY MAY 1

4. FEI Number

650842250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Harold L. Lewis, Esq.

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

One Biscayne Tower, Suite 2400

2 S. Biscayne Boulevard

City
Miami

FL

Zip Code
33131

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 date if applicable.

DATE

9. Capital Contributions

as Shown on record.

\$1,602,112.00

10. Amount of Capital Contributions

in FLORIDA to date.

\$1,602,112.00

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 # L00000012765
NAME 394 Corp., LLC
STREET ADDRESS 8491 NW 17th Street, Suite L
CITY-ST-ZIP Miami, Florida 33126

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-09/26/02--01050--027
****541.25 ****541.25

0000008056630--0
-09/26/02--01050--028
****400.00 ****400.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date:

Daytime Phone #

CR2E003B (12/01)