

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A0000000071**

1. Entity Name

**LEIBOWITZ FAMILY INVESTMENTS LIMITED PARTNERSHIP**

Principal Place of Business

Mailing Address

**6202 POINCIANA LANE  
TAMARAC FL 33319**

**6202 POINCIANA LANE  
TAMARAC FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1000468**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**A Z REGISTERED AGENT CORPORATION  
2601 S. BAYSHORE DR., STE 1600  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

**Matthew L. Leibowitz**

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

**One S.E. 3rd Avenue / Suite 1450**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/30/01**

DATE

9. Capital Contributions as Shown on record.

**\$250,000.00**

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

DOCUMENT # **P00000002396**  
NAME **LEIBOWITZ FAMILY INVESTMENTS, INC.**  
STREET ADDRESS **6202 POINCIANA LANE**  
CITY-ST-ZIP **TAMARAC FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400004384184--6**  
**-05/08/01--D1096--009**  
**\*\*\*526.25 \*\*\*526.25**


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

**4/30/01**  
Date

**(305) 530-1322**  
Daytime Phone #

**FILED**  
**01 MAY -7 AM 11:47**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  


DO NOT WRITE IN THIS SPACE