2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -3 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000071

1. Entity Name

LEIBOWITZ FAMILY INVESTMENTS UMITED PARTNERSHIP

Principal Place of Business
6202 POINCIANA LANE
TAMARAC FL 33319

Mailing Address
6202 POINCIANA LANE
TAMARAC FL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

DUE BY MAY 1, 2002

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

MATTHEW L. LEIBOWITZ
ONE S.E. 3RD AVE., STE. 1450
MIAMI FL 33131

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, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. $250,000.00

10. Additional Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE
SEE REVERSE SIDE FOR FILING FEES

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
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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 serve the same purpose as an oath. I am a General Partner of the limited partnership or the individual authorized to execute the report as required by Chapter 620, Florida Statutes.

4/20/02