

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000000314**

1. Entity Name

STERNLIEB HOLDINGS LIMITED PARTNERSHIP

Principal Place of Business

**6608 MAYNADA STREET
CORAL GABLES FL 33146**

Mailing Address

**6608 MAYNADA STREET
CORAL GABLES FL 33146**

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

65-0982410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STERLIEB, HENRY
6608 MAYNADA STREET
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

Henny Sternlieb

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

6608 Maynada Street

City

Coral Gables

FL

Zip Code

33146

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.

\$7,500,000.00

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 # **P99000106713**
NAME **STERNLIEB HOLDINGS, INC.**
STREET ADDRESS **6608 MAYNADA STREET**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100003679171--2

02/15/01 01012 025

******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] **HENRY STERNLIEB**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/6/001 305-667-9884

Date

Daytime Phone #

0004999

AF

CR2E003 (11/00)

FILED
01 FEB -8 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE