

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 10 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009483
AT

DOCUMENT # A00000000573

1. Entity Name
FERKAUF FAMILY LTD.

Principal Place of Business 3095 NORTH COURSE DRIVE #502 POMPANO BEACH FL 33069	Mailing Address 3095 NORTH COURSE DRIVE #502 POMPANO BEACH FL 33069
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 65-1002154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERKAUF, EUGENE
3095 NORTH COURSE DRIVE #502
POMPANO BEACH FL 33069**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$130,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	FERKAUF, EUGENE 3095 NORTH COURSE DRIVE #502 POMPANO BEACH FL 33069
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FERKAUF, ESTELLE 3095 NORTH COURSE DRIVE #502 POMPANO BEACH FL 33069
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DOR, BARBARA 67 ALLENWOOD ROAD GREAT NECK NY 11023
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BRONSTEIN, LENORE 105 GRIST MILL LANE GREAT NECK NY 11023
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SHAPIRA, AMY 1107 KINGS ROW CARBONDALE CO 81623
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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	

7000005258377--3
-04/12/02--01031--008
***526.25 ***526.25

CR2E003 (9/01)

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: _____ **4/5/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____