

2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000575

1. Entity Name
THE BOROS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
2900 N.E. 40TH STREET
FORT LAUDERDALE FL 33308

Mailing Address
2900 N.E. 40TH STREET
FORT LAUDERDALE FL 33308

FILED

03 APR 16 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0997792

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WACHS, JEFFREY S. ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

Name WACHS, JEFFREY S. ESQ

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions
as Shown on record. \$5,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME BOROS, ARMEN C
STREET ADDRESS 2900 N.E. 40TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33308

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED

Armen C. Boros

4-8-2003

Date

Daytime Phone #

954
566-7988

CR2E003 (10/02)

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AV