

2002 UNIFORM BUSINESS REPORT (UBR)

0010973 AT

DOCUMENT # **A00000000586**

1. Entity Name
ADLER FAMILY INVESTMENTS, LIMITED

Principal Place of Business C/O KARL W. ADLER 1700 NORTHEAST 26TH STREET, #4 FT. LAUDERDALE FL 33305	Mailing Address C/O KARL W. ADLER 1700 NORTHEAST 26TH STREET, #4 FT. LAUDERDALE FL 33305
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip 33305-1413	Country	Zip 33305-1413	Country
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FILED
02 APR 22 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number 65-1015080	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADLER, KARL W
1700 NORTHEAST 26TH STREET, #4
FT. LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	L00000003759		STREET ADDRESS	
NAME	ADLER FAMILY INVESTMENTS, LLC		CITY-ST-ZIP	
STREET ADDRESS	1700 N.E. 26TH STREET, #4			
CITY-ST-ZIP	FT. LAUDERDALE FL 33305			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
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STREET ADDRESS				
CITY-ST-ZIP				

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:  **4-1702 MGR OF GP 954/564-3237**

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

CR2E003 (9/01)