

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000000755**

1. Entity Name

**B. SCHWARZ INVESTMENTS, LTD.**

Principal Place of Business

**1880 SOUTH OCEAN DRIVE, #903-W  
HALLANDALE FL 33009**

Mailing Address

**1880 SOUTH OCEAN DRIVE, #903-W  
HALLANDALE FL 33009**

**FILED**

**MAY -8 AM 11:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

**ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES FL 33146**

Name

**BETTY L. SCHWARZ**

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

**1880 S. OCEAN DR APT 903 W**

City

**HALLANDALE**

FL

Zip Code

**33009**

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

*Betty L. Schwarz*

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.

**\$600,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**600 000**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**SCHWARZ, BETTY L  
1880 SOUTH OCEAN DRIVE, #903-W  
HALLANDALE FL 33009**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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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 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:

*Betty L. Schwarz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #