

# 2001 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # A00000001435

1. Entity Name  
LAUDERDALE MARINE CENTER, LTD.

FILED

01 AUG 22 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2001 SW 20TH STREET  
FORT LAUDERDALE FL 33315

Mailing Address  
ATTN: SELVIN PASSEN. M.D.  
2001 SW 20TH STREET  
FORT LAUDERDALE FL 33315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number  
65-0738846

Applied For  
Not Applicable

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

MURRAY, DAVID G  
321 SOUTH EAST 15TH AVENUE  
FORT LAUDERDALE FL 33301

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 \_\_\_\_\_  
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. \$10,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000010582  
NAME LAUDERDALE MARINE CENTER  
STREET ADDRESS 2001 SW 20TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33315

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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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:

SIGNATURE REQUIRED

Selvin Passen M.D. 8/15/01 (954) 713-0333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (5/01)

STAPLE CHECK HERE