

2001 UNIFORM BUSINESS REPORT (UBR)

0003011 AF

DOCUMENT # A00000001643

1. Entity Name

VELVET OAKS LIMITED PARTNERSHIP

Principal Place of Business

% KRAMER, GREEN, ZUCKERMAN, KAHN & GREEN
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

Mailing Address

% KRAMER, GREEN, ZUCKERMAN, KAHN & GREEN
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Country

Country

4. FEI Number

65-1051042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

FILED

01 APR 23 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
% KRAMER, GREEN, ZUCKERMAN, KAHN & GREEN
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

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

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.

\$9,900.00

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 SACKS, SIDNEY
STREET ADDRESS 3000 ISLAND BOULEVARD, APT. 2903
CITY-ST-ZIP AVENTURA FL 33160

DOCUMENT #
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CITY-ST-ZIP

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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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Sidney Sacks

4/17/01

305.682-9214

Date

Daytime Phone #

CP2E003 (11/00)