

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001709

1. Entity Name

BOLONIK FAMILY LIMITED PARTNERSHIP

FILED

01 MAY -4 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6010 SOUTH FALLS CIRCLE DRIVE, #417 FT. LAUDERDALE FL 33319		Mailing Address 6010 SOUTH FALLS CIRCLE DRIVE, #417 FT. LAUDERDALE FL 33319	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1052816		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOLONIK, SAMUEL J 6010 SOUTH FALLS CIRCLE DRIVE, #417 FT. LAUDERDALE FL 33319		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ (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
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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 # NAME STREET ADDRESS CITY-ST-ZIP	G00313900136 DR. SAMUEL J. BOLONIK TRUST 6010 SOUTH FALLS CIRCLE DRIVE, #417 FT. LAUDERDALE FL 33319	STREET ADDRESS	
		CITY-ST-ZIP	69.30-up
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	88.75-Adm
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	300004338789-4
		CITY-ST-ZIP	-06/01/01--01104--012
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	****158.05 ****158.05
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME 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: *Samuel Bolonik* **DATE:** 5/14/2001 **DAYTIME PHONE #:**