

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001922

1. Entity Name

THE SOLOMON FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

6805 Fountains Circle
Lake Worth, FL 33467

FILED
01 MAR 21 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

65-1062076

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

Joel Reinstein, Esq.
5355 Town Center Road, Suite 801
Boca Raton, FL 33486

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.

\$1,475,000

10. Amount of Capital Contributions

in FLORIDA to date.

\$1,475,000

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 # P00000107073
NAME Solomon E&A Family Corp.
STREET ADDRESS 6805 Fountains Circle
CITY-ST-ZIP Lake Worth, FL 33467

STREET ADDRESS

CITY-ST-ZIP

300003907069--4
-03/23/01--01018--006
*****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300003907069--4
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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

SOLOMON E&A FAMILY CORP.

SIGNATURE: By: Edna Solomon Edna Solomon, President 561-965-3916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 3/5/01

Daytime Phone #

CR2E003 (11/00)