

# 2002 UNIFORM BUSINESS REPORT (UBR)

UBR-3, A1

DOCUMENT # A00000001922

1. Entity Name

THE SOLOMON FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -5 AM 10:13



Principal Place of Business

6805 FOUNTAINS CIRCLE  
LAKE WORTH FL 33467

Mailing Address

6805 FOUNTAINS CIRCLE  
LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-1062076

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

REINSTEIN, JOEL ESQ.

5355 TOWN CENTER ROAD, SUITE 801

BOCA RATON FL 33486

33432

Name

Edna Solomon

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

6805 Fountains Circle

City

Lake Worth

FL

Zip Code

33467

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 *Edna Solomon*

Edna Solomon

1/3/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$1,475,000.00

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 # P00000107073  
NAME SOLOMON E&A FAMILY CORP.  
STREET ADDRESS 6805 FOUNTAINS CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33467

STREET ADDRESS 600004912546--5  
CITY-ST-ZIP -02/12/02--01074--016  
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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

SIGNATURE: *Edna Solomon* Edna Solomon 1/31/02 561-965-3916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)