

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008930 AT

DOCUMENT # A00000001970

1. Entity Name

NEURINGER ENTERPRISES, LTD.

FILED

02 FEB 13 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

500 THREE ISLANDS BLVD.  
SUITE 1203  
HALLANDALE FL 33009

Mailing Address

500 THREE ISLANDS BLVD.  
SUITE 1203  
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number 65-1061941

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, BERNARD A  
4925 SHERIDAN STREET  
SUITE A  
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.

DATE

9. Capital Contributions as Shown on record. \$4,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,026,237

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 # P00000115678  
NAME NEURINGER MANAGEMENT, INC.  
STREET ADDRESS 500 THREE ISLANDS BLVD.  
CITY-ST-ZIP HALLANDALE FL 33009

DOCUMENT #  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4588739  
2/10/02 954-  
Date Daytime Phone #

CR2E003 (9/01)