

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

192

0000380 AT

DOCUMENT # A01000000112

1. Entity Name
THE LEON SULTAN FAMILY LIMITED PARTNERSHIP



FILED
03 JUL 18 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
650 S.W. 9TH TERRACE
POMPANO BEACH FL 33069

Mailing Address
650 S.W. 9TH TERRACE
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

City & State

4. FEI Number 65-1069538

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

SULTAN, EZRA E
650 S.W. 9TH TERRACE
POMPANO BEACH FL 33069

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions
as Shown on record. \$964,499.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #
NAME SULTAN, EZRA E
STREET ADDRESS 650 S.W. 9TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33069

STREET ADDRESS

CITY-ST-ZIP

600021648246
07/18/03-01078-001 **526.25

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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

7-10-03

Date

(954) 782-6600

Daytime Phone #

CR2E003 (4/03)

202

**AFFIDAVIT
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of THE LEON SULTAN FAMILY
LIMITED PARTNERSHIP, a

Florida Limited Partnership, executed this _____ affidavit BECAUSE WE
NEVER RECEIVED A 2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR) AND THEREFORE
SHOULD NOT BE CHARGED ANY LATE FEES.
This 10th day of JULY, 2003.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner(s)

EZRA EDDIE SULTAN
650 S.W. 9th TERRACE
POMPANO BEACH - FLORIDA

33069

Linda Strick
Linda Strick
MY COMMISSION # CC870435 EXPIRES
October 1, 2003
BONDED THRU TROY FAIR INSURANCE, INC.

