

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

9001000

DOCUMENT # **A01000000392**

1. Entity Name
DAVID BRAWER FAMILY LTD.



FILED
Aug 25, 2003 8:00 A.M.
Secretary of State

Principal Place of Business
**2666 EDGEWATER DRIVE
WESTON FL 33332**

Mailing Address
**2666 EDGEWATER DRIVE
WESTON FL 33332**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number **NOT APPLICABLE**

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

**GLASSER, GENE K
C/O ABRAMS ANTON, P.A.
2021 TYLER STREET
HOLLYWOOD FL 33022**

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.

\$4,662,146.00

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
STREET ADDRESS
CITY-ST-ZIP
**STEINBERG, SUSAN
2666 EDGEWATER DRIVE
WESTON FL 33332**

STREET ADDRESS
CITY-ST-ZIP
**8107 Laurel Ridge Court
Delray Beach, FL 33446**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**FIRESTONE, SHERRY
2666 EDGEWATER DRIVE
WESTON FL 33332**

STREET ADDRESS
CITY-ST-ZIP
**8107 Laurel Ridge Court
Delray Beach, FL 33446**

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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:

Susan Steinberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/18/03
Date

(561) 865-9886
Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE