LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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BERKowitz Family Enterpri

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SIGNATURE:

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	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 orin	ed name of registered ag	ent and title if ac	pplicable			·		····	DATE				
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indicated	14. I hereby certify that the information supplied with this filling 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												n p or	