

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

2004
FILED

04 JUN 22 AM 9:28

DOCUMENT # **A0100000660**

1. Entity Name

BERKOWITZ Family Enterprises, LTD



STATE OF FLORIDA

MJH

DO NOT WRITE IN THIS SPACE

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u/22

2. Principal Place of Business

7441 WAYNE AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

4. FEI Number

651103323

Applied For

Not Applicable

DUE BY MAY 1

Zip

33141

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

~~04/28/04 01021 015 **526.75~~
04/28/04--01021--015 **526.75

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.

1739804

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NATALIE BERKOWITZ 7441 WAYNE AVE MIAMI BEACH FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MARGARET ROTHBERG 33141 120 EAST 81ST ST. #46 NEW YORK, N.Y. 10020
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	JOAN GOLDMAN 108 PEXTON ROAD WILLIAMSBURG, VA 23185
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

List out GPs or
file an amend.

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: *Natalie Berkowitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-21-2004

Date Daytime Phone #

CR2E003B (12/02)