

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000660

1. Entity Name

BERKOWITZ FAMILY ENTERPRISES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -8 PM 2:07

W5/12

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

7441 Wayne Ave
Suite, Apt. # etc.
11F

Suite, Apt. # etc.

City & State
Miami Beach FL

City & State

Zip
33141

Country
DADE

Zip

Country

4. FEI Number

65-1103323

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES R. SLOTO

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

MISHAN, SLOTO ET AL

200 S. BISCAYNE BLVD. #2350

City

Miami

FL

Zip Code

33131

**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
Natalia Berkowitz
7441 Wayne Ave
Miami Beach FL 33141

STREET ADDRESS

CITY-ST-ZIP

700014768057

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GOLDMAN, JOAN R
10418 S.W. 76 STREET
MIAMI FL 33173

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
ROTHBERG, MARGARET R.
120 E. 81-STREET; #4g
NEW YORK NY 10028

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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:

Natalia Berkowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

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