

2002 UNIFORM BUSINESS REPORT (UBR)

0000307 AT

DOCUMENT # A01000001404

1. Entity Name

KRONOVET FAMILY LTD.

Principal Place of Business

2501 SOUTH OCEAN DRIVE, UNIT 810
HOLLYWOOD FL 33019

Mailing Address

2501 SOUTH OCEAN DRIVE, UNIT 810
HOLLYWOOD FL 33019

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
02 JUL 23 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 25, 2002

4. FEI Number

65-1146330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASSER, GENE K
2021 TYLER STREET
C/O ABRAMS ANTON P.A.
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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.

\$1,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date...

11. MAKE CHECK PAYABLE TO 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 KRONOVET, SYLVIA
STREET ADDRESS 2501 SOUTH OCEAN DRIVE, UNIT 810
CITY-ST-ZIP HOLLYWOOD FL 33019

DOCUMENT #
NAME KRONOVET, DAVID
STREET ADDRESS 2501 SOUTH OCEAN DRIVE, UNIT 810
CITY-ST-ZIP HOLLYWOOD FL 33019

DOCUMENT #
NAME GOLDKLANG, CONSTANCE
STREET ADDRESS 2501 SOUTH OCEAN DRIVE, UNIT 810
CITY-ST-ZIP HOLLYWOOD FL 33019

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

11011 MONROE ROAD

MATTHEWS NC 28135

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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

7/17/02

Date

704-847-9141

Daytime Phone #

CR2E003 (4/02)