


LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001736

1. Entity Name
THE JOSEPH AND ESTELLE FINKEL FAMILY LIMITED PARTNERSHIP



FILED
03 APR 25 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4910 Pineview Circle		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State	
Zip 33445	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 14-1858294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Joseph Finkel

Street Address (P.O. Box Number is Not Acceptable)
4910 Pineview Circle

City **Delray Beach** FL Zip Code **33445**

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 _____ DATE _____

9. Capital Contributions as Shown on record. 5,918,085	10. Amount of Capital Contributions in FLORIDA to date. 5,918,085	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	Trust Agreement of Joseph Finkel 4910 Pineview Circle Delray Beach, FL 33445	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	Trust Agreement of Estelle Finkel 4910 Pineview Circle Delray Beach, FL 33445	STREET ADDRESS CITY - ST - ZIP
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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: *Joseph Finkel* **4/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE