LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

A02000001736

1. Entity Name

THE JOSEPH AND ESTELLE FINKEL FAMILY D PARTNERSHIP



FILED

03 APR 25 PM 4: 42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

	DO NOT WRITE	IN THIS SE	PAC	E			MJH
2. Principal P	Place of Business	3. Mailing Address	. Mailing Address		ما مر	O NOT WRITE IN THI	- 40 ,
4910 Pineview Circle		Same		11120			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY	1	
City & State		City & State			A CELNI-III		Applied For
Delray Beach, FL		City & State		4. FEI Number _14-18582	101	Not Applicable	
Žip [₹] ″ Country		Zip	Coun	itry		-	\$8.75 Additional
33445	USA	1			5. Certificate of Statu	is Desired	Fee Required
					7. Name and Address	of Current Register	ed Agent
				Name Jose	seph Finke1 ss (P.O. Box Number is Not Acceptable)		
DO NOT WRITE		RIIE					
IN THIS SPACE				4910 Pineview Circle			
				City Delra	ay Beach	F	L Zig Code 45
	named entity submits this statement folions of registered agent	r the purpose of changing its	registere	ed office or register	red agent, or both, in the	State of Florida. I am	familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.				DATÉ	
9. Capital Contributions as Shown on record. 5,918,085				butions 5,91		MAKE CHECK PAYABL	E TO FL. DEPT OF STATE OR FEE INFORMATION
	A GENERAL PARTNER I NOTE: General Partners MA	THAT IS A BUSINESS EN			TERED AND ACTIVE	WITH THIS OFFIC	E.
12.	GENERAL PARTNE		SELECTION OF THE SELECT			en kannan gring tip tip tip september between bestelligt. Sign state	
DOCUMENT #	Trust Agreement of Joseph Finkel		STRE	ET ADDRESS		d Balliffer de jar og som gjeller. Bellikke og 12 mil og skuller fille	al digen i mendalika bi da dalam bilan bilan Nganggan dalam bilan
NAME	4910 Pineview Circle						
STREET ADDRESS CITY-ST-ZIP	Delray Beach, FL 33445		CITY	-ST-ZIP			
DOCUMENT #	Trust Agreement of Estelle Finkel		STRE	ET ADDRESS	3000	170972 1047-022	13
STREET ADDRESS 4910 Pineview Circle						<u> </u>	#545; £5
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NAME			STRE	ET ADDRESS	na productive and reserve		Commence of the commence of th

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STAPLE CHECK HERE

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/03

Daytime Phone #