

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018901 MB

DOCUMENT # **A07090**

1. Entity Name
INDUSTRIAL AFFILIATES, LTD.



FILED

03 FEB 21 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2850 N.W. 72ND AVE.
MIAMI FL 33122-1310**

Mailing Address
**C/O LEONARD JAFFE
P.O. BOX 300632 JFK AIRPORT
JAMAICA NY 11430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-1945890**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAFFE, LEONARD
2850 N.W. 72ND AVENUE
MIAMI FL 33166**

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.

\$30,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

30,000

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.

30750

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **G95143900027**
NAME **INDUSTRIAL INVESTORS, A FLA. GEN. PTSHP.**
STREET ADDRESS **2850 N.W. 72ND AVENUE**
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS

CITY-ST-ZIP

300012970243
02/21/03 01100 005 **307.50

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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:

Leonard Jaffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/12/03 768-6567400

CR2E003 (10/02)