

2000 UNIFORM BUSINESS REPORT (UBR)

0015212 AF

DOCUMENT # A15963

1. Entity Name
SKOOB ASSOCIATES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:48

Principal Place of Business
**100 JERICHO QUADRANGLE, #214
C/O THE NEWKIRK GROUP
JERICHO NY 11753**

Mailing Address
**100 JERICHO QUADRANGLE, #214
C/O THE NEWKIRK GROUP
JERICHO NY 11753-2702**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number
13-3212558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
100003136431--7
-02/15/00--01118--001
City
FL ZIP Code
526-25

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$3,913,250.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # GP9700000740	GP9700000740	STREET ADDRESS	
NAME SANZAR ASSOCIATES	SANZAR ASSOCIATES	CITY - ST - ZIP	
STREET ADDRESS 100 JERICHO QUADRANGLE, #214	100 JERICHO QUADRANGLE, #214		
CITY - ST - ZIP JERICHO NY 11753	JERICHO NY 11753		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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 the undersigned 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

By: **Sanzar I. C. P. 97**
By: **Sanzar M. P. 97**
By: **Alison Forester**
By: **Ass't Sec'y**

SIGNATURE: _____

Date **2/3/2000** Daytime Phone # **516 6813636**

CR2E003 (9/99)