

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003131 AV

DOCUMENT # **A16930**

1. Entity Name  
**214 NORTH DIXIE HIGHWAY LIMITED PARTNERSHIP**



**FILED**

**03 MAY -2 PM 7:52**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business  
**1801 SOUTH FLAGLER DRIVE  
APT. 703  
WEST PALM BEACH FL 33401**

Mailing Address  
**1801 SOUTH FLAGLER DRIVE  
APT. 703  
WEST PALM BEACH FL 33401**



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 **59-2398034**

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

**COHEN, NORMAN G  
1801 S. FLAGLER DR. #703  
W. PALM BEACH FL 33401**

Name  
**C/O CALER, DONTEN, LEVINE ET AL**  
Street Address (P.O. Box Number is Not Acceptable)  
**505 S. FLAGLER DRIVE, STE 900**  
City  
**WEST PALM BEACH** FL Zip Code  
**33401**

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.

**\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	<b>COHEN, NORMAN G</b>
NAME	<b>1801 S. FLAGLER DR. 703</b>
STREET ADDRESS	<b>W. PALM BEACH FL</b>
CITY-ST-ZIP	
DOCUMENT #	<b>M01000002243</b>
NAME	<b>FRO ENTERPRISES LLC</b>
STREET ADDRESS	<b>305 PIPING ROCK DRIVE</b>
CITY-ST-ZIP	<b>SILVER SPRING MD 20905</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>900017911869</b>
CITY-ST-ZIP	<b>05/02/03--01103--007 **141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 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

Date

Daytime Phone #

**(561)**  
**REQUIRE SIGNATURE**  
**JOSEPH N. COHEN 4/30/03 3072644**

CR2E003 (10/02)

STAPLE CHECK HERE