

2001 UNIFORM BUSINESS REPORT (UBR)

0012205 AF

DOCUMENT # A18679

1. Entity Name

WAKSTEIN LIMITED

FILED

Principal Place of Business

2693 ISLAND VIEW DR.
PANAMA CITY FL 32405

Mailing Address

4412 DELWOOD LANE
PANAMA CITY BEACH FL 32408

01 FEB -1 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

204 A Ellen Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Panama City, FL

4. FEI Number

59-2438612

Applied For

Not Applicable

Zip

Country

Zip

Country

32408-5830

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

WAKSTEIN, GARY
1605 WAHOO LANE
PANAMA CITY BEACH FL

Name

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

204 A Ellen Lane

City

Panama City Beach

FL

Zip Code

32408

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$900.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
WAKSTEIN, HERMAN
2693 ISLAND VIEW DR
PANAMA CITY FL

STREET ADDRESS
CITY-ST-ZIP
500003654845--6
02/06/01 01104 013
*****141.25 *****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WAKSTEIN, GARY
1605 WALOO LANE
PANAMA CITY BCH FL

STREET ADDRESS
CITY-ST-ZIP
204 A ELLEN LANE
1605 WAHOO LANE
PANAMA CITY BEACH FL 32408

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

GARY ONAKSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-1-01

Date

850-234-6112

Daytime Phone #

CR2E003 (11/00)