

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20758

1. Entity Name
BERNSTEIN-GLADES ASSOCIATES, LLLP



FILED

03 JUN -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7226 AYRSHIRE LANE
BOCA RATON, FL 33496

Mailing Address
7226 AYRSHIRE LANE
BOCA RATON, FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DUE BY MAY 1, 2003

4. FEI Number

59-2592066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

BERNSTEIN, HOWARD
7226 AYRSHIRE LANE
BOCA RATON, FL 33496

Name

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

800020432328

City

06/04/03-01012-03 **FL** 25 CDB. 75

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. **\$600.00**

10. Amount of Capital Contributions

in FLORIDA to date.

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

BERNSTEIN, HOWARD
7226 AYRSHIRE LANE
BOCA RATON, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

BERNSTEIN, MAXINE
7226 AYRSHIRE LANE
BOCA RATON, FL

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Howard Bernstein

5-15-03

(561) 482-1513

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)