

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26065**

1. Entity Name

INTERBANC REAL ESTATE FUND, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 12 PM 4:40

Principal Place of Business  
2600 E. COMMERCIAL BLVD.  
STE. #200  
FORT LAUDERDALE FL 33308

Mailing Address  
2600 E. COMMERCIAL BLVD.  
STE. #200  
FORT LAUDERDALE FL 33308-4111



**MJH**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0102873

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

WLMC REGISTERED AGENTS, INC.  
701 BRICKELL AVE., SUITE 2000  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.

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

Suite 3500

City  
Miami

FL

Zip Code  
33131-2130

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

*Jeffrey L. Mandler, VP*

*Jeffrey L. Mandler, VP*

*4/6/00*

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.

**\$1,000,000.00**

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 # **J94650**  
NAME  
INTERBANC REAL ESTATE  
STREET ADDRESS  
2600 E. COMMERCIAL BLVD.  
CITY - ST - ZIP  
FT. LAUDERDALE FL

STREET ADDRESS  
CITY - ST - ZIP  
STREET ADDRESS  
CITY - ST - ZIP  
**600003223876--2**  
**-04/25/00--01104--021**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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

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: *Murray Liebowitz*

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*2/17/00 954 491-4511*

CR2E003 (9/99)