

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006360 AF

DOCUMENT # **A26065**

1. Entity Name

**INTERBANC REAL ESTATE FUND, LTD.**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

**100 SOUTHEAST SECOND STREET, SUITE 3500**

**MIAMI FL 33131-2130**

Name

**Registered Agents of Florida, LLC**

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

**100 Southeast Second Street**

**Suite 3500**

City

**Miami**

**FL**

Zip Code

**33131**

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 Mandler*

**Jeffrey Mandler, VP**

**1/23/01**

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, Inc.**  
STREET ADDRESS **2600 E. COMMERCIAL BLVD., Suite 200**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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 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 629, Florida Statutes

SIGNATURE:

*Sheldon Liebowitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

President of GP

**1/23/01**

**(954) 491-4511**

**Sheldon Liebowitz**

Date

Daytime Phone #

**FILED**

**01 MAR -7 AM 11:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0102873**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E003 (11/00)