

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017786
ABDOCUMENT # **A26888**1. Entity Name
NATCAR LIMITED PARTNERSHIP**FILED**

03 JAN 21 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
**225 MILLBURN AVENUE, SUITE 202
MILLBURN NJ 07041**Mailing Address
**225 MILLBURN AVENUE, SUITE 202
MILLBURN NJ 07041**

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 **22-2911065**

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****BERSON, NORMAN
THE SAVOY, UNIT #401
4041 GULF SHORE BLVD., SOUTH
NAPLES FL 33940**

Name

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

City

FL

Zip Code

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.**\$200.00**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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BERSON, MARC E.
225 MILLBURN AVE, #202
MILLBURN NJ**

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**300010387173
01/21/03--01051--020 **141.25****M THOMAS**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Marc E. Berson, General Partner

Date

Daytime Phone #

1/17/03

973-467-4300

CR2E003 (10/02)