

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27819**

1. Entity Name

**KR COMMERCIAL ASSOCIATES LIMITED PARTNERSHIP**

FILED

00 JAN 24 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

%KONOVER MANAGEMENT CORPORATION  
2410 ALBANY AVENUE  
WEST HARTFORD CT 06137-0098

Mailing Address

C/O COHEN, GERSHMAN & WAKIM  
2410 ALBANY AVENUE  
WEST HARTFORD CT 06117-2501

2. Principal Place of Business

3. Mailing Address

c/o Cohen, Wakim & Merlin, P.C.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

06-1255307

Applied For

Not Applicable

Zip

06117

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

ISRAEL, STANLEY E  
17071 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33160

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.

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.

**\$9.90**

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 # **P22715**  
NAME **KONOVER MANAGEMENT CORP**  
STREET ADDRESS **2410 ALBANY AVENUE**  
CITY - ST - ZIP **WEST HARTFORD CT 06117**

STREET ADDRESS

CITY - ST - ZIP

**700003117887--7**  
**-02/01/00--01047--010**  
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

By: Konover Management Corporation, its general partner

SIGNATURE:

**SIGNATURE REQUIRED**

1/20/00

860-232-4544

SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL PARTNER

Date

Daytime Phone #

its Senior Vice President