

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31362**

1. Entity Name

SABRA ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 21 AM 9:17

Principal Place of Business
2500 HOLLYWOOD BOULEVARD, SUITE 205
HOLLYWOOD FL 33020

Mailing Address
2500 HOLLYWOOD BOULEVARD, SUITE 205
HOLLYWOOD FL 33020-6615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
175 BRADLEY PLACE
Suite, Apt. #, etc.

3. Mailing Address
175 BRADLEY PLACE
Suite, Apt. #, etc.

City & State
PALM BEACH FL

City & State
PALM BEACH FL

Zip
33480

Country
USA

Zip
33480

Country
USA

4. FEI Number **59-6191427**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BREIER, ROBERT G
C/O BREIER AND SEIFF, P.A.
1320 S DIXIE HWY STE 830
CORAL GABLES FL 33146-2986

7. Name and Address of New Registered Agent

Name
ROBERT D. RAPAPORT
Street Address (P.O. Box Number is Not Acceptable)
175 BRADLEY PLACE
City
PALM BEACH **FL** Zip Code
33480

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 *Robert D. Rapaport* X **1/12/2000**
ROBERT D. RAPAPORT (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions
as Shown on record. **\$1,250,000.00**

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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	RAPAPORT, ROBERT D	175 BRADLEY PLACE	PALM BEACH FL
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	SCHECTER, AARON	1060 NORTH NORTHALKE DR.	HOLLYWOOD FL
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	500003156015--9 -03/03/00--01020--0014 ****526.25 ****526.25
STREET ADDRESS	<i>inf 2/29/00</i>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 X *Robert D. Rapaport* X **1/12/2000** X **561/659.5311**
ROBERT D. RAPAPORT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/99)