

2002 UNIFORM BUSINESS REPORT (UBR)

0011607

AT

DOCUMENT # **A32490**

1. Entity Name

**THE MARY U. BACHRACH FAMILY LIMITED PARTNERSHIP
#1**

FILED

02 JUN 17 PM 4:42

MJH

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

**3131 WASHINGTON RD.
WEST PALM BEACH FL 33405**

Mailing Address

**3131 WASHINGTON RD.
WEST PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

501 Quadrant Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

Country

33408

USA

4. FEI Number

65-0302476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BACHRACH, MARY U.
3131 WASHINGTON RD.
WEST PALM BCH. FL 33405**

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.

DATE

9. Capital Contributions
as Shown on record.

\$975,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

**BACHRACH, MARY U.
3131 WASHINGTON RD.
WEST PALM BCH. FL**

STREET ADDRESS

CITY-ST-ZIP

**501 Quadrant Rd.
North Palm Beach, FL 33408**

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 620, Florida Statutes

SIGNATURE: X

Mary U. Bachrach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)