

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000019

Entity Name  
MAYER FAMILY PARTNERSHIP, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 AM 9:24



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O BARRY T. GURLAND, CPA  
2500 E HALLANDALE BEACH BLVD #500  
HALLANDALE FL 33009

Mailing Address  
C/O BARRY T. GURLAND, CPA  
2500 E HALLANDALE BEACH BLVD #500  
HALLANDALE FL 33009-4838

Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
City & State

4. FEI Number 65-0380872  
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  
GURLAND, BARRY T  
2500 E HALLANDALE BEACH BLVD  
#500  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

Capital Contributions as Shown on record. \$1,286,000.00 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.

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P92000013432	STREET ADDRESS	
NAME	MAYER OPERATING CO., INC.	CITY - ST - ZIP	
REGISTERED ADDRESS	C/O 2500 HALLANDALE BEACH BLVD., STE. 500		
Y - ST - ZIP	HALLANDALE FL 33009		
DOCUMENT #		STREET ADDRESS	000003178500--9
NAME		CITY - ST - ZIP	03/21/00 01107-005
REGISTERED ADDRESS			mf 3/21/00 *****526.25 *****526.25
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REGISTERED ADDRESS			
Y - ST - ZIP			

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 1305 MAY 12 2000 3/17/00 9449910 Date Daytime Phone #

CR2E003 (9/99)