

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000019**

1. Entity Name

MAYER FAMILY PARTNERSHIP, LTD.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2745 W. CYPRESS CREEK RD.
Suite, Apt. #, etc.

3. Mailing Address

2745 W. CYPRESS CREEK RD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0380872

Applied For

Not Applicable

Zip

33309

Country

BROWARD

Zip

33309

Country

BROWARD

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)

2745 W. CYPRESS CREEK ROAD

City

FT. LAUDERDALE

FL

Zip Code

33309

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]

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.

\$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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P92000013432**
NAME **MAYER OPERATING CO., INC.**
STREET ADDRESS **C/O 2500 HALLANDALE BEACH BLVD., STE. 500**
CITY-ST-ZIP **HALLANDALE FL 33009**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2745 W. CYPRESS CREEK ROAD

CITY-ST-ZIP

FT. LAUDERDALE, FL 33309

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STREET ADDRESS

CITY-ST-ZIP

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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 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

Date

Daytime Phone #

CR2E003 (11/00)