

2001 UNIFORM BUSINESS REPORT (UBR)

162

DOCUMENT # **A93000000506**

1. Entity Name

THE SCHLESINGER FAMILY LIMITED PARTNERSHIP

FILED

01 AUG 24 PM 12:17

Principal Place of Business
**1500 SAN REMO AVENUE, STE. 135
CORAL GABLES FL 33146**

Mailing Address
**1500 SAN REMO AVENUE, STE. 135
CORAL GABLES FL 33146**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number **65-0430383**

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

7. Name and Address of New Registered Agent

**SCHLESINGER, JAMES A
1500 SAN REMO
SUITE 135
CORAL GABLES FL 33146**

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.

\$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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000032570**
NAME **JASGAP, INC.**
STREET ADDRESS **1500 SAN REMO AVENUE, STE. 185-A**
CITY-ST-ZIP **CORAL GABLES FL 33146**

STREET ADDRESS

Give the same tracking number

CITY-ST-ZIP

26.75-4p

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

214.00-4p

CITY-ST-ZIP

205.50-4p 7 294.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

88.75-Adm

CITY-ST-ZIP

900004571019--2

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

-09/05/01--01075--003

*******26.75 *****26.75**

CITY-ST-ZIP

900004571019--2

-09/05/01--01075--004

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

******214.00 ****214.00**

CITY-ST-ZIP

900004571019--2

-09/05/01--01075--005

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

******294.25 ****294.25**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

07/25/01

305 662-9559

Date

Daytime Phone #

CR2E003 (5/01)