

2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000172

1. Entity Name
BAROCAS FAMILY LIMITED PARTNERSHIP



FILED

03 AUG 27 PM 4:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

192

Principal Place of Business
300 THREE ISLANDS BOULEVARD
HALLANDALE FL 33009

Mailing Address
300 THREE ISLANDS BOULEVARD
HALLANDALE FL 33009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

8/21

4. FEI Number 65-0461415

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

DOLCHIN, STEVEN B ESQ.
THE OAKS, SUITE 202-B
4330 SHERIDAN STREET
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
BAROCAS, ROSE
300 THREE ISLANDS BOULEVARD
HALLANDALE FL 33009

STREET ADDRESS

CITY-ST-ZIP

300022617223
08/27/03--01067--003 **141.25

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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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/21/03

8/19/03

732-531-5844

Date

Daytime Phone #

CR2E003 (4/03)

0000226 AT

282

Barocas Family Limited Partnership
300 Three Island Boulevard
Hallandale, Florida 33009-2693

August 19, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6327 -

Gentlemen:

I did not receive the original mailing of our annual report because I went north early in the year. My mail was forwarded to my address in Brooklyn but I have been in New Jersey.

My son had prepared this form each year but with all the moving and mail forwarding the form was not received and therefore not filed.

I have now given the form to my accountant and he assures me he will make sure future filings are timely. I enclose a check for \$141.25 and I request an abatement of the \$400 penalty.

Very truly yours,

Rose Barocas

Rose Barocas

RB:kmr