

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000206**

1. Entity Name

**THE 2424 N. ATLANTIC AVENUE FAMILY LIMITED PARTN**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 3:00

Principal Place of Business

**2424 N. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118**

Mailing Address

**C/O MARSHA G. MADORSKY  
603-2665 S. BAYSHORE DRIVE  
MIAMI FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address **c/o Marsha Madořsky**

**2000 S. Bayshore Drive**

Suite, Apt. #, etc.

**Villa #41**

City & State

**Miami, Florida**

Zip

**33133**

Country

**U.S.**

4. FEI Number

**59-1307646**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MADORSKY, MARSHA G**

**2665 S. BAYSHORE DRIVE, SUITE 603**

**MIAMI FL 33133**

7. Name and Address of New Registered Agent

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.

**\$3,000,000.00**

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 # **P93000087439**  
NAME **MADKOR, INC.**  
STREET ADDRESS **2662 S. BAYSHORE DRIVE, SUITE 603**  
CITY - ST - ZIP **MIAMI FL 33133**

DOCUMENT #  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

**2000 S. BAYSHORE DRIVE, #41**

CITY - ST - ZIP

**MIAMI, FLORIDA 33133**

STREET ADDRESS

**100003229831--6**

CITY - ST - ZIP

**-04/28/00-01114-005**

**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS

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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

Date

Daytime Phone #