

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000249**

1. Entity Name

HORWITZ FAMILY LIMITED PARTNERSHIP

Principal Place of Business

1420 N.E. 163RD ST.
N. MIAMI BCH. FL 33162

Mailing Address

1420 N.E. 163RD ST.
N. MIAMI BCH. FL 33162

2. Principal Place of Business

1141 NE 175 ST

Suite, Apt. #, etc.

3. Mailing Address

1141 NE 175th ST

Suite, Apt. #, etc.

City & State

N. MIAMI Beach, FL

Zip

33162

Country

U.S.A

City & State

N. MIAMI Beach, FL 33162

Zip

33162

Country

U.S.A

4. FEI Number

65-0468665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOLCHIN, STEVEN B
THE OAKS, STE. 202B
4330 SHERIDAN STREET
HOLLYWOOD FL 33021**

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.

\$1,000.00

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

**HORWITZ, ARTHUR D MR.
1141 NE 175TH ST.
NORTH MIAMI BCH. FL 33162**

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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-06/14/01-0115-030
****141.25 ****141.25**

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

4/30/01 305 944-2527
Date Daytime Phone #

CP2E003 (11/00)

0006474 AF

FILED

01 MAY 21 AM 8:01

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE