

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001058**

1. Entity Name

SHLESINGER HOMES - BOYNTON BEACH, LTD.

FILED

01 APR 19 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nf

0020650 SP

Principal Place of Business
C/O SHLESINGER HOMES DEVELOPMENT CORP.
19232 GOLSTER LAKE LANE
BOCA RATON BEACH FL 33498

Mailing Address
C/O SHLESINGER HOMES DEVELOPMENT CORP.
19232 GOLSTER LAKE LANE
BOCA RATON BEACH FL 33498

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0508625

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHLESINGER, MARIO

~~24 DESFORD LANE~~

BOYNTON BEACH FL 33462

*19232 CLOISTER LAKE LANE
BOCA RATON, FL 33498*

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

MARIO SHLESINGER

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

(Name of Registered Agent Signature Required when Reinstating)

DATE

9. Capital Contributions as Shown on record.

\$12,375.00

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 # **P94000056892**
NAME **SHLESINGER HOMES DEVELOPMENT**
STREET ADDRESS **24 DESFORD LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33462**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
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STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)