

2001 UNIFORM BUSINESS REPORT (UBR)

0007494 AF

DOCUMENT # A94000001683

1. Entity Name

FINEMAN REALTY PARTNERS, LIMITED

Principal Place of Business

900 E. SPANISH RIVER BLVD., #5-C
BOCA RATON FL 33431

Mailing Address

900 E. SPANISH RIVER BLVD., #5-C
BOCA RATON FL 33431

FILED

01 FEB -5 AM 11:59

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0127081

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

FINEMAN, GERALDINE G

900 E. SPANISH RIVER BLVD., #5-C

BOCA RATON FL 33431

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.

\$0.00

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 # P94000089730
NAME JERRY G., INC.
STREET ADDRESS 900 E. SPANISH RIVER BLVD., #5-C
CITY-ST-ZIP BOCA RATON FL 33431

STREET ADDRESS

CITY-ST-ZIP

3000003673299-9
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get OK
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1/29/01

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

1/14/01 205-643-7510
Date Daytime Phone #

CR2E003 (11/00)