

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001757

1. Entity Name

1911 N.W. 32ND ST., LTD. PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3: 05

Principal Place of Business

6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487

Mailing Address

P.O. BOX 3051  
BOCA RATON FL 33431-0951



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0540321

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

FRIEDKIN, MONTE  
7900 GLADES ROAD  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name\* Friedkin, Monte

Street Address (P.O. Box Number is Not Acceptable)

6300 Park of Commerce Blvd.

Boca Raton, FL 33487

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.

\$54,000.00

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 FRIEDKIN, MONTE  
STREET ADDRESS 7900 GLADES ROAD  
CITY - ST - ZIP BOCA RATON FL 33434

13. ADDRESS CHANGES ONLY

STREET ADDRESS P.O. Box 3051  
CITY - ST - ZIP Boca Raton, FL 33431-0951

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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

4/25/00 561-241-m  
Date Daytime Phone #

CR2E003 (9/99)