

2001 UNIFORM BUSINESS REPORT (UBR)

0007674 AF

DOCUMENT # A94000001757

1. Entity Name

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

Principal Place of Business

6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

Mailing Address

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

FILED

01 MAR 15 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

65-0540321

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

FRIEDKIN, MONTE

6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

Name
James L. Berger, Berger-Singerman

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

350 E. Las Olas Boulevard, Suite 1000

City
Fort Lauderdale

FL

Zip Code
33301

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

James L. Berger

02/13/01

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FRIEDKIN, MONTE
P.O. BOX 3051
BOCA RATON FL 33431-0951

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CITY-ST-ZIP

STREET ADDRESS
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 629, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/6/01

Date

561-241-7777

Daytime Phone #

CR2E003 (11/00)