

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000060

1. Entity Name

SCHMIDT FAMILY LIMITED PARTNERSHIP

FILED

00 JAN 28 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
400 LESLIE DRIVE, APARTMENT 931
HALLANDALE FL 33009

Mailing Address
400 LESLIE DRIVE, APARTMENT 931
HALLANDALE FL 33009-2993

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0540094**

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

SCHMIDT, GEORGE H JR.
400 LESLIE DRIVE, APARTMENT 931
HALLANDALE FL 33009

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.

\$842,442.14

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

SCHMIDT, VIVIAN E
183 NE 6TH COURT
DANIA FL 33004

STREET ADDRESS
CITY - ST - ZIP

1140 POLK ST
HOLLYWOOD FL 33019

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

SCHMIDT, VIVIAN V
400 LESLIE DRIVE, APARTMENT 931
HALLANDALE FL 33009

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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *George H. Schmidt* AGENT 1/20/00 954 456 708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #