

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001485 AT

DOCUMENT # **A95000000285**

1. Entity Name

**KLEINFELD FAMILY LIMITED PARTNERSHIP**

**FILED**

**01 AUG -6 PM 12: 17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**2760 SOUTH OCEAN BOULEVARD  
PALM BEACH FL 33480**

Mailing Address  
**2760 SOUTH OCEAN BOULEVARD  
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

City & State

City & State

4. FEI Number

**65-0558212**

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**

**MORA, ABRAHAM M ESQUIRE  
777 S. FLAGLER DRIVE, WEST TOWER  
WEST PALM BEACH FL 33401**

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.

**\$1,027,000.00**

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  
**KLEINFELD, LAWRENCE M  
28720 ROADSIDE DRIVE, SUITE 249  
AGOURA HILLS CA 91301**

STREET ADDRESS  
CITY-ST-ZIP  
**9 QUAIL RUN ROAD  
HENDERSON, NV 89014**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FINK, JANE KLEINFELD  
55 LEE LYNN LANE  
HUNTINGDON VALLEY PA 19006**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **x**

**SIGNATURE REQUIRED** *Jane Fink*

**7/30/01 2.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)