

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001368

1. Entity Name

SHREDNICK FAMILY LIMITED PARTNERSHIP 95-I

Principal Place of Business

17570 ATLANTIC BLVD.

APT. #317

NORTH MIAMI BEACH FL 33160

Mailing Address

17570 ATLANTIC BLVD.

APT. #317

NORTH MIAMI BEACH FL 33160-2837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0651966

Applied For

Not Applicable

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

WOLFE, RICHARD C

100 SE 2ND ST

1 INT'L PLACE

MIAMI FL 33131

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.

\$10.00

10. Amount of Capital Contributions in FLORIDA to date.

\$10.00

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 SHREDNICK, SAMUEL JR.
STREET ADDRESS 17570 ATLANTIC BLVD., APT. #317
CITY - ST - ZIP NORTH MIAMI BEACH FL 33160

STREET ADDRESS

CITY - ST - ZIP

8000003183428-8
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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: X *Samuel Shrednick Jr* SAMUEL SHREDNICK JR X 3/6/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)