

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010423 AT

DOCUMENT # A95000001368

1. Entity Name  
SHREDNICK FAMILY LIMITED PARTNERSHIP 95-I

FILED

03 JAN 28 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
17570 ATLANTIC BLVD.  
APT. #317  
NORTH MIAMI BEACH FL 33160Mailing Address  
17570 ATLANTIC BLVD.  
APT. #317  
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City &amp; State

City &amp; State

4. FEI Number 65-0651966

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$10.00

10. Amount of Capital Contributions  
in FLORIDA to date.

10 ✓

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #  
NAME  
STREET ADDRESS  
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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 620, Florida Statutes

SIGNATURE: 8

SIGNATURE REQUIRED SAMUEL SHREDNICK

Date

Daytime Phone #

CR2E003 (10/02)