

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001559**

1. Entity Name

**ROTHSTEIN FAMILY LTD.**

Principal Place of Business

**1201 SOUTH OCEAN DR.  
#2006 NORTH  
HOLLYWOOD FL 33319**

Mailing Address

**1201 SOUTH OCEAN DR.  
#2006 NORTH  
HOLLYWOOD FL 33319**

**FILED**  
**FEB 15 AM 11:58**

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

**65-0608049**

Applied For

Not Applicable

Zip

**33019**

Country

Zip

**33019**

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

**MADORSKY, MARSHA G ESQ.  
2665 SOUTH BAYSHORE DRIVE  
SUITE 603  
MIAMI FL 33133**

Name

**Rothstein, Malcia**

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

**1201 South Ocean Drive, #2006-N**

City

**Hollywood**

FL

Zip Code

**33019**

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.

**\$1,212,000.00**

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 # **P94000061862**  
NAME **MALROTH, INCORPORATED**  
STREET ADDRESS **1201 SOUTH OCEAN DR., #2006 NORTH**  
CITY-ST-ZIP **HOLLYWOOD FL 33022**

STREET ADDRESS **1201 South Ocean Dr., #2006 North**  
CITY-ST-ZIP **Hollywood, FL 33019**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**900003744809--0**  
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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:

**MALCIA ROTHSTEIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-26-2001**

Date

**305-935-0042**

Daytime Phone #

0002888 AF

CR2E003 (11/00)