

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001568

1. Entity Name
THE KRAVITZ FAMILY PARTNERSHIP, LTD.



Principal Place of Business
7600 W. 20TH AVENUE, SUITE 223
HIALEAH FL 33016

Mailing Address
7600 W. 20TH AVENUE, SUITE 223
HIALEAH FL 33016

2. Principal Place of Business
7600 W 20TH AVENUE

3. Mailing Address
7600 W 20TH AVENUE

Suite, Apt. #, etc.
SUITE 213

Suite, Apt. #, etc.
SUITE 213

City & State
HIALEAH, FL

City & State
HIALEAH, FL

Zip
33016

Zip
33016

Country

2/21

DUE BY MAY 1, 2003

4. FEI Number 65-0702343

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAVITZ, HAROLD P
7600 W. 20TH AVENUE, SUITE 223
HIALEAH FL 33016

7. Name and Address of New Registered Agent

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. \$250,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # P95000056513
NAME KFR G.P., INC.
STREET ADDRESS 7600 W. 20TH AVENUE, SUITE 223
CITY-ST-ZIP HIALEAH FL 33016

13. ADDRESS CHANGES ONLY

STREET ADDRESS 7600 W 20TH AVENUE, SUITE 213
CITY-ST-ZIP HIALEAH, FL 33016

DOCUMENT #
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

03 FEB 21 AM 9:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



0009126 AT

CR2E003 (10/02)

STAPLE CHECK HERE