

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001591
Entity Name
SHINEFIELD FAMILY LIMITED PARTNERSHIP

Principal Place of Business
111 CRANDON BLVD., APT. B301
KEY BISCAYNE FL 33149
Mailing Address
C/O CHRISTY & VIENER/SPERO
620 FIFTH AVENUE
NEW YORK NY 10020-2402

Principal Place of Business
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 13 AM 9:24



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0621637
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHINEFIELD, JEANNE
1111 CRANDON BLVD., APT. B301
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Capital Contributions as Shown on record. \$170,000.00
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.

| GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | |
|-----------------------------|-------------------------------------|-----------------|---|--|
| DOCUMENT # | SHINEFIELD, JEANNE | STREET ADDRESS | 9000003178509---1 -03/21/00--01107--008 ***526.25 ***526.25 rf 3/21/00 | |
| VE | 1111 CRANDON BLVD., APT. B301 | CITY - ST - ZIP | | |
| REET ADDRESS | | | | |
| Y - ST - ZIP | | | | |
| DOCUMENT # | G95296900018 | STREET ADDRESS | | |
| VE | SHINEFIELD FAMILY TRUST | CITY - ST - ZIP | | |
| REET ADDRESS | C/O ALFRED SIMON 2 UNIVERSITY PLAZA | | | |
| Y - ST - ZIP | HACKENSACK NJ 07601 | | | |
| DOCUMENT # | | STREET ADDRESS | | |
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 3/6/00
Daytime Phone #

CR2E003 (9/99)