

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A 95000001591**

1. Entity Name

SHINEFIELD FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**1111 CRANDON BLVD APT B301
KEY BISCAYNE, FL 33149**

Mailing Address

**SIMON TAPPER & EDELMAN CPAS
2 UNIVERSITY PLAZA STE 502
HACKENSACK, NJ 07601**

FILED
01 APR 10 AM 9:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

SIMON TAPPER & EDELMAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

502

City & State

City & State

HACKENSACK NJ

4. FEI Number

65-0621637

Applied For

Not Applicable

Zip

Country

Zip

07601

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

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.

170,000

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 # **SHINEFIELD, JEANNE**
NAME **1111 CRANDON BLVD APT B301**
STREET ADDRESS **KEY BISCAYNE, FL 33149**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **695296900018**
NAME **SHINEFIELD FAMILY TRUST**
STREET ADDRESS **C/O ALFRED SIMON 2 UNIV. PLAZA STE 502**
CITY-ST-ZIP **HACKENSACK NJ 07601**

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)