

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001591**

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 CPA'S
2 UNIVERSITY PLAZA, SUITE #502
HACKENSACK NJ 07601**

FILED

02 JUN 10 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

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

7. Name and Address of New Registered Agent

SHINEFIELD, JEANNE

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

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.

DATE

9. 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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SHINEFIELD, JEANNE

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

G95296900018

**SHINEFIELD FAMILY TRUST
C/O ALFRED SIMON 2 UNIVERSITY PLAZA
HACKENSACK NJ 07601**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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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:

Signature Required

JEANNE SHINEFIELD

201-342-4307

0017588 AT

CR2E003 (9/01)

STAPLE CHECK HERE