

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001605**

1. Entity Name

LUCILLE S. ALTER FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -4 PM 6:44



DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 BAY VIEW DRIVE ARLEN HOUSE EAST, APARTMENT 1226 NORTH MIAMI BEACH FL 33160-4758	Mailing Address 100 BAY VIEW DRIVE ARLEN HOUSE EAST, APARTMENT 1226 NORTH MIAMI BEACH FL 33160-4781
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1952062**

Applied For
Not Applicable

Zip Country

Zip 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

**ALTER, LUCILLE S
100 BAY VIEW DRIVE
ARLEN HOUSE EAST, APARTMENT 1226
NORTH MIAMI BEACH FL 33160-4758**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000,000.00**

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 **ALTER, LUCILLE S**
STREET ADDRESS **100 BAY VIEW DR. ARLEN HOUSE EAST APT 1226**
CITY - ST - ZIP **NORTH MIAMI BEACH FL 33160-4758**

STREET ADDRESS
CITY - ST - ZIP
600003213776-6
-04/19/00--01005--005
******526.25 ****526.25**

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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 REQUIRED Lucille S Alter - 2-29-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)