

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A96000000082**

1. Entity Name

L & S FAMILY, LTD.

FILED

01 APR 24 PM 6:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**5775 WEST HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023**

Mailing Address
**5775 WEST HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0700925		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**COHN, ALAN B
C/O ABRAMS, ANTON, ROBBINS, RESNICK
2021 TYLER ST.
HOLLYWOOD FL 33022**

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 _____ (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
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**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 #	STANTON, RICHARD 5775 WEST HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023	STREET ADDRESS	300004163013--5
NAME		CITY-ST-ZIP	-05/08/01--01110--026
CITY-ST-ZIP			****526.25 ****526.25
DOCUMENT #	STANTON, LINDA 5775 WEST HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023	STREET ADDRESS	<i>Bye</i>
NAME		CITY-ST-ZIP	<i>4/24</i>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		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: *Richard Stanton* **RICHARD STANTON** *4/19/01* **954-894-2999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)