

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000303**

1. Entity Name

**THE GOTTLIEB FAMILY TI LIMITED PARTNERSHIP**

FILED

00 JAN 21 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O RUBEN KLODA. ATLANTIC HOSIERY, INC.  
4700 NW 132 ST.  
MIAMI FL 33054

Mailing Address  
C/O RUBEN KLODA. ATLANTIC HOSIERY, INC.  
4700 NW 132 ST.  
MIAMI FL 33054-4314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0649014**

Applied For  
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLODA, RUBEN  
ATLANTIC HOSIERY, INC.  
4700 N.W. 132 ST.  
MIAMI FL 33054**

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. **\$257,400.00**

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

**KLODA, RUBEN  
4700 NW 132 ST., ATLANTIC HOSIERY INC.  
MIAMI FL 33054**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/00  
Date

Daytime Phone #