

2001. UNIFORM BUSINESS REPORT (UBR)

A96000000 413

DOCUMENT # A96000000 413
1. Entity Name PROPER FAMILY PARTNERSHIP

2000-2001

9th ST. LTD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 15 AM 9:25

Principal Place of Business 5211 NW 110 Ave
CORAL SPRINGS FL 33076

2. Principal Place of Business 5211 NW 110 Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State CORAL SPRINGS

City & State

4. FEI Number 65-0694519
Applied For
Not Applicable

Zip 33076 Country USA FL

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
NORMAN PIROFSKY
5211 NW 110 Ave
CORAL SPRINGS FL 33076

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. 141 25

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. 0 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	STREET ADDRESS		
	5211 NW 110 Ave		CITY-ST-ZIP		
	CORAL SPRINGS FL				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
	Elaine Pirofsky		CITY-ST-ZIP		
	same				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
			CITY-ST-ZIP		

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nc

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 4-17-21 Day/Time Phone #

Florida Dept. Of State
Division of Corporations
Attn: Partnership Section
P. O. Box 6327
Tallahassee, Fl. 32314
May 18, 2001


Re: A96000000473, A96000000413,
A96000000415, A96000000414

To Whom It May Concern:

Please be advised that I am asking for reinstatement for Limited Partnership. I moved last year and had no knowledge that I had not paid. A lot of my mail was lost and misplaced. A change of address card was made out and given to the post office. I am sorry that I didn't get new papers for the corporation.

Please accept my apology. E am enclosing a check for the two years in the amount of \$1,130.00. If there is any further information you require, please contact me at (954) 345-6533.

Thank You very much, I remain


NORMAN PIROFSKY