

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009727 AT

DOCUMENT # A96000000413



1. Entity Name
THE PIROFSKY FAMILY PARTNERSHIP NINTH STREET, LT
D.

FILED

2003 MAR -3 AM 8: 53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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

Mailing Address
5211 NW 110 AVENUE
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0694519

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

PIROFSKY, NORMAN
5211 NW 110 AVENUE
CORAL SPRINGS FL 33076

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
PIROFSKY, NORMAN
5211 NW 110 AVENUE
CORAL SPRINGS FL 33076

STREET ADDRESS

CITY-ST-ZIP

400013336204

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
PIROFSKY, ELAINE
5211 NW 110 AVENUE
CORAL SPRINGS FL 33076

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Feb 26 2003 954-3456533

Date

Daytime Phone #

CR2E003 (10/02)

SIAPLE CHECK HERE