

# 2001 UNIFORM BUSINESS REPORT

**A96000000414**

DOCUMENT # **A96000000414**  
 1. Entity Name **PIROFSKY FAMILY PARTNERSHIP - CENTRAL 2**  
**2000-2001**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 JUN 15 AM 9:25

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

2. Principal Place of Business 3. Mailing Address  
**5211 NW 110 Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**CORAL SPRINGS**  
 Zip **33076** Country **USA FL** Zip Country

4. FEI Number **65-0694413** Applied For Not Applicable

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

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. **1471**

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			
DOCUMENT #	<b>NORMAN PIROFSKY</b>		
NAME	<b>5211 NW 110 Ave</b>		
STREET ADDRESS	<b>CORAL SPRINGS FL</b>		
CITY-ST-ZIP			
DOCUMENT #	<b>Elaine Pirofsky</b>		
NAME	<b>same</b>		
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>800004423478--</b>
CITY-ST-ZIP	<b>-06/18/01--01011--001</b>
STREET ADDRESS	<b>***1130.00 ****282.50</b>
CITY-ST-ZIP	
STREET ADDRESS	<b>\$141.25 2000</b>
CITY-ST-ZIP	<b>141.25 2001</b>
STREET ADDRESS	<b>282.50</b>
CITY-ST-ZIP	<b>14</b>
STREET ADDRESS	
CITY-ST-ZIP	
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: **Tanan Pirofsky** 4-17-21  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime 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. I 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