

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000415**

1. Entity Name **PIROFSKY FAMILY PART. GENERAL PART**

**2000-2001**

Principal Place of Business Mailing Address

**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

Zip

Country

**FL**

Zip

Country

4. FEI Number

**65-069441**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**200004423472--0**

**-06/18/01--01011--001**

**\*\*\*1130.00 \*\*\*\*282.50**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 15 AM 9:25

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.

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 #  
NAME **NORMAN PIROFSKY**  
STREET ADDRESS **5211 NW 110 Ave**  
CITY-ST-ZIP **CORAL SPRINGS FL**

DOCUMENT #  
NAME **Elaine Pirofsky**  
STREET ADDRESS **Address same**  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**841.25 2000**  
**141.25 2001**  
**282.50**  
**np**

**200004423472--0**

**-06/18/01--01011--001**

**\*\*\*1130.00 \*\*\*\*246.25**

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

Date

Daytime Phone #

**4-17-21**

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

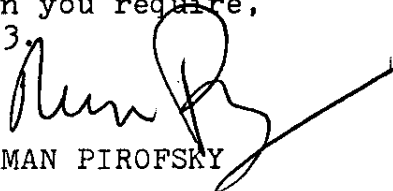
Re: A96000000473, A96000000413,  
A96000000415, A96000000414

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