

# 2001 UNIFORM BUSINESS REPORT

**A96000000473**

DOCUMENT # **A96000000473**  
 1. Entity Name **PROPERLY FAMILY PART. - PETER LTD**

**2000-01**

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 Country Zip Country  
**33076 USA FL**

4. FEI Number Applied For  
**65-0694518** Not Applicable

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

**NORMAN PIROFSKY**  
**5211 NW 110 Ave**  
**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.

**147**

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		
	<b>NORMAN PIROFSKY</b>	<b>5211 NW 110 Ave</b>	CITY-ST-ZIP	<b>5000004423475-0</b>	
	<b>CORAL SPRINGS FL</b>			<b>06/18/01-01011-001</b>	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	<b>***1130.00</b>	<b>****246.25</b>
	<b>Elaine Pirofsky</b>	<b>33076</b>	CITY-ST-ZIP	<b>5000004423475-0</b>	
	<b>SAME</b>			<b>-06/18/01-01011-001</b>	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	<b>***1130.00</b>	<b>****282.50</b>
			CITY-ST-ZIP	<b>\$141.25 2000</b>	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	<b>141.25 2001</b>	
			CITY-ST-ZIP	<b>282.50</b>	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	<b>nc</b>	
			CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	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]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

✓ **4-17-21**

Date Daytime Phone #

CR2E003 (11/00)

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