

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000000831

1. Entity Name

THE IRA OSTROW FAMILY LIMITED PARTNERSHIP

FILED

00 FEB -3 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 8023 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109-1049

Mailing Address 8023 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109-1049

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0662042

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.
C/O NELSON & LA FEMINA
19495 BISCAYNE BLVD., SUITE 609
N. MIAMI BEACH FL 33180

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. \$5,700,000.00

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 #	P96000036689	STREET ADDRESS	
NAME	IRA OSTROW FAMILY HOLDINGS, INC.	CITY - ST - ZIP	500003125035-5 -02/07/00-01009-003 ****526.25 ****526.25
STREET ADDRESS	8023 FISHER ISLAND DRIVE		
CITY - ST - ZIP	FISHER ISLAND FL 33109-1049		
DOCUMENT #		STREET ADDRESS	
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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 OF GENERAL PARTNER *IRA OSTROW* **2-1-2000** **305-538-25**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #