

2001 UNIFORM BUSINESS REPORT (UBR)

0013641 AF

DOCUMENT # A96000000831

1. Entity Name

THE IRA OSTROW FAMILY LIMITED PARTNERSHIP

Principal Place of Business

8023 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109-1049

Mailing Address

8023 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109-1049

FILED

01 FEB 19 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0662042

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

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

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
NAME IRA OSTROW FAMILY HOLDINGS, INC.
STREET ADDRESS 8023 FISHER ISLAND DRIVE
CITY-ST-ZIP FISHER ISLAND FL 33109-1049

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of Ira Ostrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-15-2001

305-538-1577

Date

Daytime Phone #

CR2E003 (11/00)