

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000000864

1. Entity Name

N. JOEL AND ELAINE EHRENKRANZ FAMILY PARTNERSHIP, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

*nf*

Principal Place of Business

Mailing Address

HOLLAND AND KNIGHT  
P.O. BOX 015441  
MIAMI, FLORIDA 33011

HOLLAND AND KNIGHT  
P.O. BOX 015441  
MIAMI, FLORIDA 33011

2. Principal Place of Business

HOLLAND & KNIGHT LLP

3. Mailing Address

HOLLAND & KNIGHT LLP

Suite, Apt. #, etc.

701 BRICKELL AVENUE,

Suite, Apt. #, etc.

701 BRICKELL AVENUE

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33134

Zip

Country

33134

4. FEI Number

65-0702708

Applied For

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

INTRASTATE REGISTERED AGENT CORPORATION  
C/O HOLLAND & KNIGHT LLP  
701 BRICKELL AVENUE, STE. 3000  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION

701 BRICKELL AVENUE, STE. 3000

MIAMI

FL

Zip Code 33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE

BY: *Steven H. Hagen* STEVEN H. HAGEN, ESQ. VICE PRESIDENT

5/20/00

DATE

9. Capital Contributions as Shown on record.

\$110,000.00

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

DOCUMENT #  
NAME EHRENKRANZ, N. JOEL  
STREET ADDRESS 1190 SOUTH ALHAMBRA C  
CITY-ST-ZIP CORAL GABLES, FL 33146

DOCUMENT #  
NAME EHRENKRANZ, ELAINE  
STREET ADDRESS 1190 SOUTH ALHAMBRA C  
CITY-ST-ZIP CORAL GABLES, FL 33146

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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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 10867 WHITEHAWK STREET  
CITY-ST-ZIP PLANTATION, FLORIDA 33324

STREET ADDRESS 10867 WHITEHAWK STREET  
CITY-ST-ZIP PLANTATION, FLORIDA 33324

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 300003327799--8  
CITY-ST-ZIP -07/19/00--01054--013  
\*\*\*\*526.25 \*\*\*\*526.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

N. JOEL EHRENKRANZ

Date

Daytime Phone #

6/15/00 954-476-4602

CR2E003 (03/95)