

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001591**

1. Entity Name

**LOEWENSTERN FAMILY PARTNERS, LTD.**

FILED

02 FEB -1 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**2600 N. MILITARY TR., STE. 206  
BOCA RATON FL 33431**

Mailing Address

**2600 N. MILITARY TR., STE. 206  
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

**3350 NW Boca Raton Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**A-26**

City & State

City & State

**Boca Raton FL**

4. FEI Number

**65-0689686**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33431 USA**

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

**LOEWENSTERN, ELLIOT**

**2600 N. MILITARY TR., STE. 206**

**BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

**3350 NW Boca Raton Blvd**

**A-26**

**Boca Raton**

**FL**

Zip Code

**33431**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$25,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**LOEWENSTERN, ELLIOT  
2600 N. MILITARY TR., STE. 206  
BOCA RATON FL 33431**

STREET ADDRESS  
CITY - ST - ZIP  
**3350 NW Boca Raton Blvd  
STE A-26  
Boca Raton, FL 33431**

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**200004095722 7**  
**-02/08/02--01013--004**  
**\*\*\*263.75 \*\*\*263.75**

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0003312 AV

CR2E003 (9/01)