

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009286
AT

DOCUMENT # A96000001609

1. Entity Name
THE RAPPOPORT FAMILY LIMITED PARTNERSHIP



FILED

03 APR 15 PM 2:52

Principal Place of Business
3375 DOCKSIDE DRIVE
COOPER CITY FL 33026

Mailing Address
3375 DOCKSIDE DRIVE
COOPER CITY FL 33026

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

20547 LINKSVIEW WAY

3. Mailing Address

20547 LINKSVIEW WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

BOCA RATON

City & State

BOCA RATON

4. FEI Number 65-0690647

Applied For

Not Applicable

Zip
33434

Country

Zip
33434

Country

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

6. Name and Address of Current Registered Agent

RAPPOPORT, BRUCE M
3375 DOCKSIDE DRIVE
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

Name
GERALD RAPPOPORT
Street Address (P.O. Box Number is Not Acceptable)
20547 LINKSVIEW WAY
City
BOCA RATON FL Zip Code
33434

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Beulah Rappoport*
Signature, typed or printed name of registered agent, and title if applicable.

4/10/03
DATE

9. Capital Contributions as Shown on record. \$200.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
STREET ADDRESS
CITY-ST-ZIP
RAPPOPORT, GERALD J
1 PECONIC HILLS COURT
SOUTHAMPTON NY 11968

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
RAPPOPORT, BEULAH
1 PECONIC HILLS COURT
SOUTHAMPTON NY 11968

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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
CITY-ST-ZIP
20547 LINKSVIEW WAY
BOCA RATON FL 33434

STREET ADDRESS
CITY-ST-ZIP
20547 LINKSVIEW WAY
BOCA RATON FL 33434

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
600016082196
04/15/03--01087--024 **141.25

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: *Beulah Rappoport*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/03
Date

Daytime Phone #

CR2E003 (10/02)