

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002051**

1. Entity Name

THE HARVEY B. POLLAK LIMITED PARTNERSHIP I

FILED

01 OCT -2 PM 12: 17

Principal Place of Business

**4128 WEST PALM AIRE DRIVE, #281-B
POMPANO BEACH FL 33069**

Mailing Address

**4128 WEST PALM AIRE DRIVE, #281-B
POMPANO BEACH FL 33069**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2600 ISLAND BLVD

3. Mailing Address

2600 ISLAND BLVD

Suite, Apt. #, etc.

#2304

Suite, Apt. #, etc.

#2304

DUE BY SEPTEMBER 26, 2001

City & State

WILLIAMS ISLAND, FL

City & State

WILLIAMS ISLAND, FL

4. FEI Number

65-0707458

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HELLINGER, ANDREW B ESQ.
MISHAN, SLOTO & GREENBERG, P.A.
200 S. BISCAYNE BLVD., SUITE 2350
MIAMI FL 33131**

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.

\$990,000.00

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 # **P96000063801**
NAME **POLLAK FAMILY CORP.**
STREET ADDRESS **4128 WEST PALM AIRE DRIVE, #218-B**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2600 ISLAND BLVD, #2304

CITY-ST-ZIP

WILLIAMS ISLAND, FL 33160

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

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DOCUMENT #

NAME

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 REQUIRED

9/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)