

2002 FPM BUSINESS REPORT NUMBER
A96000002051

DOCUMENT # **A96000002051**

1. Entity Name

THE HARVEY B. POLLAK LIMITED PARTNERSHIP I

FILED

02 NOV -6 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**2600 ISLAND BLVD., #2304
WILLIAMS ISLAND FL 33160**

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WILLIAMS ISLAND FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number **65-0707458**

Applied For
Not Applicable

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

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

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000063801**
NAME **POLLAK FAMILY CORP.**
STREET ADDRESS **2600 ISLAND BLVD., #2304**
CITY-ST-ZIP **WILLIAMS ISLAND FL 33160**

STREET ADDRESS

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200008817462
11/06/02-01022-001--1026.25**

STATEMENT

02

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

10/29/02

Date

Daytime Phone #

CR2E003 (4/02)

0000761 AT