

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A96000002051**

1. Entity Name
THE HARVEY B. POLLAK LIMITED PARTNERSHIP I



FILED

03 SEP 19 AM 8:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**2600 ISLAND BLVD., #2304
WILLIAMS ISLAND FL 33160**

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



2. Principal Place of Business

675 SW 12th Ave

Suite, Apt. #, etc.

3. Mailing Address

675 SW 12th Ave

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

Pompano Bch FL

City & State

Pompano Bch FL

4. FEI Number **65-0707458**

Applied For

Not Applicable

Zip

33069

Country

Broward

Zip

33069

Country

Broward

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

09/09/03
Date

Daytime Phone #

CP2E003 (4/03)

0000768
AT