

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

DOCUMENT # **A96000002375**

1. Entity Name
MARVIN AND LYNN HECHT FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**4876 PINEVIEW CIRCLE
DELRAY BEACH FL 33445**

Mailing Address
**4876 PINEVIEW CIRCLE
DELRAY BEACH FL 33445**

FILED

03 APR 15 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0731462**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HECHT, MARVIN
4876 PINE VIEW CIRCLE
DELRAY BEACH FL 33445**

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. **\$264,010.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **HECHT, MARVIN**
STREET ADDRESS **4876 PINEVIEW CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

STREET ADDRESS
CITY-ST-ZIP
200015081142
04/15/03--01090--009 **526.25

DOCUMENT #
NAME **HECHT, LYNN**
STREET ADDRESS **4876 PINEVIEW CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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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: **MARVIN HECHT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/03
Date

814450893
Daytime Phone #

CR2E03 (10/02)

0012419 AT