

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002395

1. Entity Name

BUSCEMI FAMILY LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11314 WESTLAND CIRCLE  
BOYNTON BEACH FL 33437

Mailing Address  
11314 WESTLAND CIRCLE  
BOYNTON BEACH FL 33437-1831



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0553990

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

DOLCHIN, STEVEN B ESQUIRE  
THE OAKS, SUITE 202B  
4330 SHERIDAN STREET  
HOLLYWOOD FL 33021

Name

ALAN FEIGENBAUM

Street Address (P.O. Box Number is Not Acceptable)

200 KNUTH RD STE 220

City

BOYNTON BEACH,

FL

Zip Code

33436

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)

1/21/2000  
DATE

9. Capital Contributions  
as Shown on record.

\$555,300.00

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 #

NAME

BUSCEMI, JOSEPH

STREET ADDRESS

11314 WESTLAND CIRCLE

CITY - ST - ZIP

BOYNTON BEACH FL 33437

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

BUSCEMI, IRNA

STREET ADDRESS

11314 WESTLAND CIRCLE

CITY - ST - ZIP

BOYNTON BEACH FL 33437

STREET ADDRESS

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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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/1/2000 541-389-2372