

# 2000 UNIFORM BUSINESS REPORT (UBR)

01/22/00

**DOCUMENT # A96000002412**

1. Entity Name  
**GALUTEN LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 18 PM 12:44

Principal Place of Business  
2030 SOUTH OCEAN DRIVE, NUMBER 414  
HALLANDALE FL 33009

Mailing Address  
2030 SOUTH OCEAN DRIVE, NUMBER 414  
HALLANDALE FL 33009-6606



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
City & State

4. FEI Number **65-0713082** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**WACHS, JEFFREY S**  
**1177 SE THIRD AVE.**  
**FT. LAUDERDALE FL 33316**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,700,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>GALUTEN, ROBERT</b> <b>2030 SOUTH OCEAN DRIVE, NUMBER 414</b> <b>HALLANDALE FL 33009</b>	STREET ADDRESS CITY - ST - ZIP	<i>rf 2/28/00</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>GALUTEN, HORTENSE</b> <b>2030 SOUTH OCEAN DRIVE, NUMBER 414</b> <b>HALLANDALE FL 33009</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>700003155787--2</b> <b>03/03/00 01010 007</b> <b>****526.25 ****526.25</b>
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Hortense Galuten* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date *2/14/00* Daytime Phone # *954-454-1081*

**HORTENSE GALUTEN**

CR2E003 (9/99)