

2000 UNIFORM BUSINESS REPORT (UBR)

0020258 J/1

DOCUMENT # A96000002457

1. Entity Name
THE BRONSTEIN FAMILY LIMITED PARTNERSHIP

FILED

00 FEB 21 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 600 THREE ISLANDS BLVD., APT. 405 HALLENDALE FL 33009	Mailing Address 2 BRITTON DR. FLEMINGTON NJ 08822-4608
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0714804	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BRONSTEIN, ESTELLE
600 THREE ISLANDS BLVD., APT. 405
HALLENDALE FL 33009**

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. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	SCHAPIRO, JANE 2 BRITTON DRIVE FLEMINGTON NJ 08822-4608	STREET ADDRESS	100003145041--3 -02/23/00--01030--018 ****141.25 ****141.25
NAME		CITY - ST - ZIP	
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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 **1-27-00** **908-782-7270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)