

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000070**

1. Entity Name

**WILLENSKY-FRIEDMAN FAMILY LIMITED PARTNERSHIP**

**FILED**  
01 APR 16 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

% MILDRED WILLENSKY FRIEDMAN  
5500 NW 69TH AVE., FOREST TRACE, #363 SO.  
LAUDERHILL FL 33319

Mailing Address

% MILDRED WILLENSKY FRIEDMAN  
5500 NW 69TH AVE., FOREST TRACE, #363 SO.  
LAUDERHILL FL 33319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O MARK WILLENSKY

Suite, Apt. #, etc.

420 EAST 54TH ST., APT. 3C

City & State

NEW YORK, NY

Zip

10022

Country

USA

4. FEI Number

65-0717568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLENSKY-FRIEDMAN, MILDRED  
5500 NW 69TH AVE., FOREST TRACE, #363 SO.  
LAUDERHILL FL 33319

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$900,000.00**

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

DOCUMENT # **G97008900030**  
NAME **MILDRED WILLENSKY-FRIEDMAN TRUST**  
STREET ADDRESS **5500 NW 69TH AVE., FOREST TRACE #363 SOUTH**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

DOCUMENT #  
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **C/O MARK WILLENSKY**  
**420 EAST 54TH ST., APT. 3C**  
CITY-ST-ZIP **NEW YORK, NY 10022**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/07/01