

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB -6 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000212

1. Entity Name

Benjamin R. Siegal Family Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21307 NE 38th Avenue

Suite, Apt. #, etc.

3. Mailing Address
21307 NE 38th Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Aventura, Florida

City & State
Aventura, Florida

4. FEI Number
65-0732657

Applied For
Not Applicable

Zip 33180 Country USA

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Barry A. Nelson, c/o Nelson & Levine, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2775 Sunny Isles Boulevard

Suite 118

City North Miami Beach FL Zip Code 33160

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]

1/30/02

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

DOCUMENT # P097000003721
NAME Benjamin R. Siegal Family Holdings, Inc.
STREET ADDRESS 21307 NE 38th Avenue
CITY-ST-ZIP Aventura, Florida 33160

STREET ADDRESS

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DO NOT WRITE
IN THIS SPACE

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/30/02

(305) 864-1379

(Daytime Phone #)

CR2E003B (12/01)

STAPLE CHECK HERE