

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000325**

1. Entity Name

FEISS FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**4875 NORTH FEDERAL HIGHWAY, SEVENTH FLOOR
FT LAUDERDALE FL 33308**

Mailing Address

**ATTN: ARTHUR ROSENBERG
4875 NORTH FEDERAL HIGHWAY, SEVENTH FLOOR
FORT LAUDERDALE FL 33308**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 20 PM 1:41

4/5/3



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0723894

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSENBERG, ARTHUR R

4875 NORTH FEDERAL HIGHWAY, SEVENTH FLOOR

FORT LAUDERDALE FL 33308

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.

DATE

9. Capital Contributions as Shown on record.

\$1,000,000.00

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 # **P97000008824**
NAME **AQUAVISTA OF FORT LAUDERDALE, INC.**
STREET ADDRESS **4875 NORTH FEDERAL HIGHWAY, SEVENTH FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

STREET ADDRESS **200005694932--2**
CITY-ST-ZIP **-06706702--01070--011**
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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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/10/02 904 474 1226
Date Daytime Phone #

CR2E003 (9/01)