

2001 UNIFORM BUSINESS REPORT (UBR)

0008001 AF

DOCUMENT # **A97000000418**

1. Entity Name

HECHTMAN FAMILY INVESTMENT COMPANY, LTD.

FILED

Handwritten signature

Principal Place of Business

**4650 SEXTANT CIRCLE
BOYNTON BEACH FL 33436**

Mailing Address

**4650 SEXTANT CIRCLE
BOYNTON BEACH FL 33436**

01 FEB 22 AM 10:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-6230973

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HECHTMAN, WILLIAM
4650 SEXTANT CIRCLE
BOYNTON BEACH FL 33436**

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.

\$2,025,000.00

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 #
NAME **HECHTMAN, WILLIAM TRUSTEE**
STREET ADDRESS **4650 SEXTANT CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

DOCUMENT #
NAME **HECHTMAN, ELAINE TRUSTEE**
STREET ADDRESS **4650 SEXTANT CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500003784125--6

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*****526.25 ***526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Handwritten signature of William Hechtman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

2/20/01

Daytime Phone #

561.364-3925

CR2E003 (11/00)