


# 2000 UNIFORM BUSINESS REPORT (UBR)

0013444 A

**DOCUMENT #** A97000001050

**1. Entity Name**  
 KRUPKA FAMILY LTD.

FILED  
 00 MAY 30 PM 4: 20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business**  
 C/O MRS. BEATRICE W. KRUPKA  
 2100 SANS SOUCI BLVD., APT. 802  
 NORTH MIAMI FL 33181

**Mailing Address**  
 C/O MRS. BEATRICE W. KRUPKA  
 2100 SANS SOUCI BLVD., APT. 802  
 NORTH MIAMI FL 33181-3024

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number** 65-0754019  
☐ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 BARASH & ASSOCIATES, P.A.  
 1140 KANE CONCOURSE  
 BAY HARBOR ISLANDS FL 33154

**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.** \$1,486,130.45  
**10. Amount of Capital Contributions in FLORIDA to date.** 1,486,130.45  
**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 #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP			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:** GERALD WINTER **4/11/00** **203-372-4593**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #