

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00000363  
AT

DOCUMENT # A97000001125

1. Entity Name  
DROSIN ENTERPRISES, LTD.



FILED

03 AUG 11 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3404 BIMINI LANE, #L3  
COCONUT CREEK FL 33066

Mailing Address  
3404 BIMINI LANE, #L3  
COCONUT CREEK FL 33066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number 65-0755891

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

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303

STUART R. BLUM, CPA, PA.  
~~Blum & Blum~~  
~~Certified Public Accountants~~  
7900 North University Drive, Suite 201  
Tamarac, Florida 33321-2126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Adina Shuman, president*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$4,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P97000044763  
NAME ADINA MANAGEMENT, INC.  
STREET ADDRESS 3404 BIMINI LANE, #L3  
CITY-ST-ZIP COCONUT CREEK FL 33066

STREET ADDRESS

CITY-ST-ZIP

000021692410  
07/21/03-01018-006 \*\*\*926.25

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)