

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001527**

1. Entity Name

THE PRESSER FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**7020 S.W. 100 STREET
MIAMI FL 33156**

Mailing Address

**7020 S.W. 100 STREET
MIAMI FL 33156**

FILED

01 FEB -8 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0764861

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

SLOTO, JAMES R ESQ.

MISHAM SLOTO GREENBERG & HELLINGER, P.A.

200 S. BISCAYNE BLVD., SUITE 2350

MIAMI FL 33131

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.

\$4,405,000.00

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 # **P97000047558**
NAME **THE PRESSER FAMILY CORP**
STREET ADDRESS **7020 SW 100 STREET**
CITY-ST-ZIP **MIAMI FL 33156**

STREET ADDRESS

CITY-ST-ZIP

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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
THE PRESSER FAMILY LIMITED PARTNERSHIP

Date

Daytime Phone #

1/11/01

305.835-7046

0006171 AF

CR2E003 (11/00)