2000 UNIFORM BUSINESS REPORT (UBR)

000600 AF

DOCUMENT # A97000002026

1. Entity Name

THE DARWISH FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business	Mailing Address
1950 SOUTH OCEAN DRIVE HALLANDALE FL 33009	1950 SOUTH OCEAN DRIVE HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1950 South Ocean Drive Suite, Apt. #, etc.	1950 South Ocean Drive Suite, Apt. #, etc.
City & State: Hallandale, Florida	City & State: Hallandale, Florida
Zip: 33009 Country: USA	Zip: 33009 Country: USA

4. FEI Number 13-3941080 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DARWISH, AKRAM S
1950 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name: A-Kram S. Darwish

Street Address (P.O. Box Number is Not Acceptable)

1950 South Ocean Drive

City: Hallanda FL Zip Code: 33009

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$10,000.00		

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: DARWISH, AKRAM S STREET ADDRESS: 1950 SOUTH OCEAN DRIVE CITY-ST-ZIP: HALLANDALE FL 33009	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 000003350120--6 -08/08/00--01099--014 ****158.75 ****158.75
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CR2E003 (5/00)

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 REQUIRED 7/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #