

2001 UNIFORM BUSINESS REPORT (UBR)

0020627 SP

ng

DOCUMENT # **A97000002381**

1. Entity Name

MINN'S FAMILY LIMITED PARTNERSHIP

FILED

01 FEB 19 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**7772 LAMIRADA DRIVE
BOCA RATON FL 33433**

**7772 LAMIRADA DRIVE
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0791077

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

**KELLEY, CRAIG I ESQUIRE
4420 BEACON CIRCLE, SUITE 100
WEST PALM BEACH FL 33407**

Name

BARB KELLEY

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

7772 LAMIRADA DR

City

BOCA RATON

FL

33433

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

Barb Kelley, **BARB KELLEY, EXECUTOR**

2-15-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,450,000.00

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 # **P97000066404**
NAME **M.M. PLASKOVE, INC.**
STREET ADDRESS **7772 LAMIRADA DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33433**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Barb Kelley (**BARB KELLEY**)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-15-01

Date

561-394-9839

Daytime Phone #

CR2E003 (11/00)