

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002501

1. Entity Name

ROSELYN MEYER FAMILY LIMITED PARTNERSHIP

APPROVAL
AND
FILED
02 MAR -1 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19707 Turnberry Way

Suite, Apt. #, etc.

Apt. 22 A & B

City & State

Aventura, Florida

Zip
33180

Country
USA

3. Mailing Address

19707 Turnberry Way

Suite, Apt. #, etc.

Apt. 22 A & B

City & State

Aventura, Florida

Zip
33180

Country
USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

65-0797552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Barry A. Nelson, Esq., c/o Nelson & Levine, P.A.

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

2775 Sunny Isles Boulevard

Suite 118

City

North Miami Beach,

FL

Zip Code
33160

DO NOT WRITE
IN THIS SPACE

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]

2/26/02

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

P97000089700

Roselyn Meyer Family Holdings, Inc.
19707 Turnberry Way, Apt. 22 A & B
Aventura, Florida 33180

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300005051183-8
-03/06/02--01076--010
****526.25 ****526.25

DO NOT WRITE
IN THIS SPACE

STAPLE CHECK HERE

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:

Roselyn Meyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/21/02 (305)930-2000

Date

Telephone #

CR2E003B (12/01)