

# 2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # **A97000002669**

1. Entity Name

**ELAJ FAMILY PARTNERSHIP, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 14 AM 10:02

*mf*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**858 HARRISON STREET  
HOLLYWOOD FL 33019**

Mailing Address

**858 HARRISON STREET  
HOLLYWOOD FL 33019**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0813102**

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

**KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND STREET  
SUITE 2800  
MIAMI FL 33131-2144**

Name  
**Evan Benrubi**

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

City  
**Hollywood**

**FL**

Zip Code  
**33019**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000,005.00**

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 # **P97000103881**  
NAME **ELAJ GENERAL PARTNER, INC.**  
STREET ADDRESS **858 HARRISON STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

STREET ADDRESS

CITY-ST-ZIP

**8000003367918-6**  
**-08/23/00--01004--006**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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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: *X*

**SIGNATURE REQUIRED**

**Evan Benrubi**

*X 8-12-00*

Date

Daytime Phone #

CR2E003 (5/00)