

2001 UNIFORM BUSINESS REPORT (UBR)

0005438 AF

DOCUMENT # A98000000042			
1. Entity Name CARL GOLDMAN LIMITED PARTNERSHIP			
Principal Place of Business 3000 ISLAND BOULEVARD, APT 902 NORTH MIAMI BEACH FL 33160		Mailing Address 3000 ISLAND BOULEVARD, APT 902 NORTH MIAMI BEACH FL 33160	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
DOLCHIN, STEVEN B THE OAKS, SUITE 202B 4330 SHERIDAN STREET HOLLYWOOD FL 33021			
7. Name and Address of New Registered Agent			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.	
\$480,000.00		\$480,000.00	
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 #	NAME	STREET ADDRESS	
	GOLDMAN, CARL		
STREET ADDRESS	3000 ISLAND BOULEVARD, APT 902	CITY-ST-ZIP	
	NORTH MIAMI BEACH FL 33160		
DOCUMENT #	NAME	STREET ADDRESS	
	GOLDMAN, ROSE		
STREET ADDRESS	3000 ISLAND BOULEVARD, APT 902	CITY-ST-ZIP	
	NORTH MIAMI BEACH FL 33160		
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STREET ADDRESS		CITY-ST-ZIP	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0728467

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

Applied For

Not Applicable

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

12-15-01 305-932-6269

Date Daytime Phone #

CR2E003 (11/00)