

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000101

1. Entity Name
DAVID S. PEARL REVOCABLE TRUST LIMITED PARTNERSH.

Principal Place of Business
2850 RAVENSWOOD RD.
FT. LAUDERDALE FL 33312

Mailing Address
2850 RAVENSWOOD RD.
FT. LAUDERDALE FL 33312

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED

01 OCT 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 26, 2001

4. FEI Number 65-0814463 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FINEBERG, LBO B ESQ.
3500 GATEWAY DRIVE, STE. 201
POMPANO BEACH FL 33069-4870

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions \$820,000.00 **10. Amount of Capital Contributions** _____ **11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
as Shown on record in FLORIDA to date. 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 CITY-ST-ZIP | DAVID S. PEARL AS TRUSTEE OF THE DAVID S. 2850 RAVENSWOOD RD. FT. LAUDERDALE FL 33312 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 600004668686--5 -11/06/01--01042--004 *****98.75 *****98.75 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 600004668686--5 -11/06/01--01042--005 *****400.00 *****400.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 600004668686--5 -11/06/01--01042--006 *****437.50 *****437.50 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | 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 _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

July 30, 01 Date Daytime Phone #

CR2E003 (5/01)