

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

#308587

001151 AT

DOCUMENT # A98000000101

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



SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 2:07

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0814463

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

FINEBERG, LIBO B ESQ.
3500 GATEWAY DRIVE, STE. 201
POMPANO BEACH FL 33069-4870

Name

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

000021200790
06/30/03--01096--013 **926.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record. \$820,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 DAVID S. PEARL AS TRUSTEE OF THE DAVID S.
STREET ADDRESS 2850 RAVENSWOOD RD.
CITY-ST-ZIP FT. LAUDERDALE FL 33312

STREET ADDRESS

CITY-ST-ZIP

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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:

Signature of David S. Pearl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/26/03

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE