

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # A98000000511

1. Entity Name

ELIAS FAMILY LIMITED PARTNERSHIP

FILED

01 JUN 27 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3801 NE 207 Street

Suite, Apt. #, etc.

Suite 2002

City & State

North Miami Beach, FL

Zip

33180

Country

USA

3. Mailing Address

3801 NE 207 Street

Suite, Apt. #, etc.

Suite 2002

City & State

North Miami Beach, FL

Zip

33180

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0811167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Dade County Corporation Agents, Inc.
20803 Biscayne Boulevard
#505
Aventura, FL 33180

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

as Shown on record. \$1,000,000.00

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

DOCUMENT #
NAME ELIAS, NETTIE
STREET ADDRESS 20191 E. Country Club Drive, #1609
CITY-ST-ZIP Aventura, FL 33180

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200004469342--0

07/11/01 01053 018

****526.25 ****526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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:

Roberta E. Kaufman

ROBERTA E. KAUFMAN 6/23/01 305-932-5477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

292

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Department of State
 Division of Corporations
 P.O. Box 1500
 Tallahassee, Florida
 32302-1500

A. Received by (Please Print Clearly)

Carl Crawford

B. Date of Delivery

C. Signature

X

D. Is delivery address different from item 1? ☒ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. ARTICLE

PS Form

PS-38-1275

1243			
DATE 4/29/01			
TO Department of State			
FOR 2001 Uniform Business Report			
TOTAL			
THIS CHECK			
OTHER TRANS. +/-		526.25	
BALANCE		506.12	
TAX REFUNDABLE <input type="checkbox"/>			

U.S. Postal Service
 CERTIFIED MAIL (RM)

TALLAHASSEE FL 32302

Postage	\$ 40.34
Certified Fee	\$1.90
Return Receipt Fee (Endorsement Required)	\$1.50
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 43.74

Recipient's Name (Please Print Clearly, to be used for return address)
 Division of Corporations
 P.O. Box 1500
 TALLAHASSEE, FL 32302-1500

APR 30 2001
 04/30/2001