

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # A98000000703

1. Entity Name

DRUCKER FAMILY INVESTMENTS, LTD.

01 MAY 17 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
16020 WEST PRESTWICK PLACE
MIAMI LAKES, FL 33014

Mailing Address
16020 WEST PRESTWICK PLACE
MIAMI LAKES, FL 33014

2. Principal Place of Business
19955 PORTO VITA WAY
Suite, Apt. #, etc.
2701

3. Mailing Address
19955 PORTO VITA WAY
Suite, Apt. #, etc.
2701

DO NOT WRITE IN THIS SPACE

City & State
AVENTURA, FLORIDA

City & State
AVENTURA, FLORIDA

4. FEI Number
65-0929444

Applied For
Not Applicable

Zip
33180

Country

Zip
33180

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

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD., SUITE 3000
MIAMI, FL 33131

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. 7,500.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
HENRY, LISA MERRILL, AS TRUSTEE
16020 WEST PRESTWICK PLACE
MIAMI LAKES, FL 33014

STREET ADDRESS
CITY-ST-ZIP
19955 PORTO VITA WAY #2701
AVENTURA, FL 33180

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
100004418241--7
-06/13/01--01082--011
****141.25 ****141.25

DOCUMENT #
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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: Lisa Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 27, 2001 5166213429

Date

Daytime Phone #

CR2E003 (11/00)