

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000963

1. Entity Name

MPN ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

C/O GIBRALTER PROPERTIES, INC.
415 HIGHLAND AVE.
RIDGEWOOD NJ 07450

Mailing Address

C/O GIBRALTER PROPERTIES, INC.
415 HIGHLAND AVE.
RIDGEWOOD NJ 07042-3013

Doc# 0000000 73172

ID# 11-2328792

2. Principal Place of Business

3. Mailing Address

12 BRUNSWICK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Montclair, NJ

Zip

Country

Zip

Country

07042

USA

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2428626

Applied For

Not Applicable

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

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

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.

\$10,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

7000000 3172
GIBRALTER PROPERTIES, INC.
415 HIGHLAND AVENUE
RIDGEWOOD NJ 07450

STREET ADDRESS

CITY - ST - ZIP

12 BRUNSWICK ROAD

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/00

Date

973-233-1036

Daytime Phone #

CR2E003 19/99