2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001160

1. Entity Name

THE UCHIN FAMILY LIMITED PARTNERSHIP

APPROVED AND FILED

01 MAY -1 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7083 QUEENFERRY CIRCLE BOCA RATON FL 33496	7083 QUEENFERRY CIRCLE BOCA RATON FL 33496-5948

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0835044 ☐ 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
REINSTEIN, JOEL ESQ. THE PLAZA, SUITE 801 5355 TOWN CENTER ROAD BOCA RATON FL 33486	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
~~$5,000.00~~	8,860	

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	UCHIN, JEROME F 7083 QUEENFERRY CIRCLE BOCA RATON FL 33496	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	UCHIN, DOROTHY 7083 QUEENFERRY CIRCLE BOCA RATON FL 33496	STREET ADDRESS CITY-ST-ZIP 500004220185--0 -05/16/01--01080--819 ****150.77 ****150.77
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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: Jerome F. Uchin April 26, 2001 561-483-8336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #