2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 APR 15 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000001160

1. Entity Name
THE UCHIN FAMILY LIMITED PARTNERSHIP
A98000001160

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

REINSTEIN, JOEL ESQ.
THE PLAZA, SUITE 801
5355 TOWN CENTER ROAD
BOCA RATON, FL 33486

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. 5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 8,860

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	UCHIN, JEROME F	STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP	7083 QUEENFERRY CIRCLE BOCA RATON, FL 33496	CITY-ST-ZIP	
DOCUMENT # / NAME	UCHIN, DOROTHY	STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP	7083 QUEENFERRY CIRCLE BOCA RATON, FL 33496	CITY-ST-ZIP	
DOCUMENT # / NAME		STREET ADDRESS	
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DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		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: Jerome F. Uchin JEROME F. UCHIN Dorothy Uchin DOROTHY UCHIN 4/9/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #