2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001485

1. Entity Name

PUDER FAMILY LIMITED PARTNERSHIP NO. 1, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~8419 TWIN LAKE DRIVE~~	~~8419 TWIN LAKE DRIVE~~
~~BOCA RATON FL 33496~~	~~BOCA RATON FL 33496-1923~~

2. Principal Place of Business	3. Mailing Address
5235 Princeton Way	5235 Princeton Way
Suite, Apt. #, etc. Boca Raton, Fl.	Suite, Apt. #, etc. Boca Raton, Fl.
City & State	City & State
Zip 33496 / Country USA	Zip 33496 / Country USA

4. FEI Number 59-3517148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLISH, SHELDON
515 EAST LAS OLAS BLVD., SUITE 1500
FT LAUDERDALE FL 33301

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 ______________________ 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. $3,849,000.00

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	P98000053687 PUDER FAMILY CORPORATION NO. 1, INC. ~~8419 TWIN LAKE DRIVE~~ ~~BOCA RATON FL 33496~~	STREET ADDRESS CITY-ST-ZIP	5235 Princeton Way Boca Raton, FL 33496
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	0000003264320--7 -05/23/00--01123--009 ****526.25 ****526.25
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CR2E031 (11/99)

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 Michael S. Puder 4-20-00 (561) 738-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #