

2002 UNIFORM BUSINESS REPORT (UBR)

001094 AT

DOCUMENT # **A98000001549**

1. Entity Name

STEVEN FEDER LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -3



Principal Place of Business

Mailing Address

**14 ISLA BAHIA DRIVE
FORT LAUDERDALE FL 33314**

**14 ISLA BAHIA DRIVE
FORT LAUDERDALE FL 33314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number **65-3516980**

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

**FEDER HOLDINGS, INC.
14 ISLA BAHIA DRIVE
FORT LAUDERDALE FL 33314**

Name **STEVEN L. FEDER**
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.

9. Capital Contributions as Shown on record. **\$1,252,000.00**

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 # **P98000050550**
NAME **FEDER HOLDINGS, INC.**
STREET ADDRESS **14 ISLA BAHIA DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

STREET ADDRESS **General Partner changed to:**
CITY-ST-ZIP **Steven L. Feder AL 14 Isla Bahia Drive Fort Lauderdale, FL 33314**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **Certificate of Amendment to Certificate of Limited Partnership Change General Partner was filed with the Secretary**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **of State of Florida on March 4, 2002.**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **8000005193548--6
-04/05/02--01005--027
****526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 12, 2002 (954)525-3619

CR2E003 (9/01)

STAPLE CHECK HERE