

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001571

1. Entity Name

GOODMAN FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:21

Principal Place of Business

C/O MR. BERNARD GOODMAN
6245 S.W. 117TH TERRACE
MIAMI FL 33156

Mailing Address

C/O MR. BERNARD GOODMAN
6245 S.W. 117TH TERRACE
MIAMI FL 33156-4821



2. Principal Place of Business

c/o Evelyn Goodman
Suite, Apt. #, etc.
6245 S.W. 117th Terrace

3. Mailing Address

c/o Evelyn Goodman
Suite, Apt. #, etc.
6245 SW 117th Terrace

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0850466

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, BERNARD
6245 SW 117 TERRACE
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Evelyn Goodman

Street Address (P.O. Box Number is Not Acceptable)

6245 S.W. 117th Terrace

City

Miami

FL

Zip Code

33156

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.

\$1,700,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$383,417

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

P98000057461
GOODMAN GENERAL PARTNER, INC.
6245 S.W. 117TH TERRACE
MIAMI FL 33156

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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:

Evelyn Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

12/17/00 (305) 661-8458

Daytime Phone #

CR2E003 (9/99)