

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001620**

1. Entity Name

TRI-MINJ FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**1475 W. CYPRESS CR. RD., SUITE 204
FT. LAUDERDALE FL 33309**

Mailing Address

**1475 W. CYPRESS CR. RD., SUITE 204
FT. LAUDERDALE FL 33309**

FILED

01 APR 19 PM 12:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

14354 CYPRESS ISLAND COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH GARDENS, FL 33410

4. FEI Number

65-0848959

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROSENSTOCK, PATRICIA ANN
5900 N. ANDREWS AVENUE, SUITE 824
FORT LAUDERDALE FL 33309**

Name

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

14354 CYPRESS ISLAND COURT

City

PALM BEACH GARDENS

FL

Zip Code
33410

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.

\$2,000,000.00

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 # **P98000057880**
NAME **TRI-MINJ MANAGEMENT COMPANY**
STREET ADDRESS **5900 N. ANDREWS AVENUE, SUITE 824**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

STREET ADDRESS **14354 CYPRESS ISLAND COURT**
CITY-ST-ZIP **PALM BEACH GARDENS, FL. 33410**

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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:

Patricia Ann Rosenstock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/01
Date

361-799-6225
Daytime Phone #

CR2E003 (11/00)

0020490 SP