

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **A98000002081**

1. Entity Name

**PERLMUTTER FAMILY HOLDINGS II LIMITED PARTNERSHI  
P**

02 APR 22 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1400 SOUTH OCEAN BLVD., APT. N305  
BOCA RATON FL 33432**

Mailing Address  
**1400 SOUTH OCEAN BLVD., APT. N305  
BOCA RATON FL 33432**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number **52-2111660**

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

**PERLMUTTER, CATHERINE  
1400 SOUTH OCEAN BLVD., APT. N305  
BOCA RATON FL 33432**

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.

DATE

9. Capital Contributions as Shown on record. **\$1,800,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,800,000**

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 **PERLMUTTER, CATHERINE**  
STREET ADDRESS **1400 SOUTH OCEAN BLVD., APT. N305**  
CITY-ST-ZIP **BOCA RATON FL 33432**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **LEHRMAN, FAITH P**  
STREET ADDRESS **811 RUSSELL AVE., #300**  
CITY-ST-ZIP **GAITHERSBURG MD 20879**

STREET ADDRESS

CITY-ST-ZIP

**500005361415--7**

**-04/29/02-01008-010**

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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: *FAITH P. LEHRMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4.11.02**

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AV

CP2E003 (9/01)