

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002099**

1. Entity Name

**SHAPIRO FAMILY PARTNERSHIP, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

W 3/13

02 MAR 12 PM 12:36



Principal Place of Business

1820 BAY ROAD  
MIAMI BEACH FL 33139

Mailing Address

1820 BAY ROAD  
MIAMI BEACH FL 33139

2. Principal Place of Business

**2751 SOUTH OCEAN DRIVE**

Suite, Apt. #, etc.

**APT 801-S**

3. Mailing Address

**2751 SOUTH OCEAN Dr.**

Suite, Apt. #, etc.

**APT 801-S**

City & State

**HOLLYWOOD FL**

City & State

**HOLLYWOOD FL**

Zip

**33019**

Country

**BROWARD**

Zip

**33019**

Country

**BROWARD**

DUE BY MAY 1, 2002

4. FEI Number

**65-0862762**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HELLER, DAN P ESQ.  
701 BRICKELL AVENUE, SUITE 1900  
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$1,300,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**1,300,000.00**

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 **SHAPIRO, BETTY F TRUSTEE**  
STREET ADDRESS **2751 SOUTH OCEAN DRIVE, APT. 801-S**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100005114841--8  
-03/19/02--01006--029  
\*\*\*526.25 \*\*\*526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

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CITY-ST-ZIP

DOCUMENT #

NAME

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: **Betty F. Shapiro, Trustee, By Sherry Kessel, P.O.A. 3/6/02 (972) 418-5005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)