

2000 BUSINESS REPORT
DOCUMENT # A98000002127

1. Entity Name

PEAL PARTNERS, LTD.

Principal Place of Business

5240 NORTH BAY ROAD
MIAMI BEACH FL 33140

Mailing Address

5240 NORTH BAY ROAD
MIAMI BEACH FL 33140

FILED

02 NOV -5 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0869349

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

JACOBOWITZ, MELVIN J

11900 BISCAYNE BOULEVARD, SUITE 720
MIAMI FL 33181

Name

ALLEN LEVI CPA

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

20590 WEST DIXIE HWY.

City

N. MIAMI BEACH

FL

Zip Code

33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$6,800,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

4,519,824

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	STREET ADDRESS	CITY-ST-ZIP
	PEAL, BARRY	10204 HELENA TERRACE	SPOTSYLVANIA VA 22553

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

Barry Peal

Date

Daytime Phone #

305-865-0604

CR2E003 (4/02)