

# 2001 UNIFORM BUSINESS REPORT (UBR)

000 365 AF

DOCUMENT # **A98000002229**

1. Entity Name

**SCHEINBERG GROUP, LTD.**

Principal Place of Business

**3329 FLAMINGO DRIVE  
MIAMI BEACH FL 33140**

Mailing Address

**3329 FLAMINGO DRIVE  
MIAMI BEACH FL 33140**

**FILED**

**01 FEB 26 AM 11:44**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-6281825**

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

**DANIELS, NICHOLAS M ESQ.**

**C/O THERREL BAISDEN, P.A.**

**ONE S.E. 3RD AVENUE, SUITE 2400**

**MIAMI FL 33131**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/10/2001**

9. Capital Contributions  
as Shown on record.

**\$5,256,429.00**

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 # **P98000082923**  
NAME **PERIBERG, INC.**  
STREET ADDRESS **3329 FLAMINGO DRIVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

STREET ADDRESS

**400003790504--5**

CITY-ST-ZIP

**03/01/01 01009 007**

**\*\*\*\*\*88.75 \*\*\*\*\*88.75**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400003790504--5**

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**03/01/01 01009 008**

**\*\*\*\*437.50 \*\*\*\*437.50**

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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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1/10/2001 (305) 534-9826**

CR2E003 (11/00)