2000 UNIFORM BUSINESS REPORT (UBR)

000142 AF

APPROVED AND FILED

00 APR -3 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002823

1. Entity Name

SHROCK FAMILY REALTY, LTD.

Principal Place of Business	Mailing Address
2725 N.E. 16TH STREET FT. LAUDERDALE FL 33304	2725 N.E. 16TH STREET FT. LAUDERDALE FL 33304-1618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR 65-0881893 ☐ 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
SHROCK, KEVIN B M.D. 2725 N.E. 16TH STREET FT. LAUDERDALE FL 33304	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$990.00		

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 # P98000103942 NAME SHROCK FAMILY MANAGEMENT REALTY, INC. STREET ADDRESS 2725 N.E. 16TH STREET CITY-ST-ZIP FT. LAUDERDALE FL 33304	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 000003214650--7 -04/19/00--01064--013 ****141.25 ****141.25
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CR2E003 (9/99)

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 REQUIRED 3-27-00 954-764-8033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #