

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001285 AT

DOCUMENT # A98000002823

1. Entity Name
SHROCK FAMILY REALTY, LTD.



FILED

03 APR -8 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1414 SE 3RD AVE.
FT. LAUDERDALE FL 33316

Mailing Address
1414 SE 3RD AVE.
FT. LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

(Harrier)
10443 Harrier St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

Plantation FL

4. FEI Number 65-0881843

Applied For

Not Applicable

Zip

Country

33324

USA

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.
1414 SE 3RD AVE.
FT. LAUDERDALE FL 33316

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. 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.

\$990.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P98000103942
NAME SHROCK FAMILY MANAGEMENT REALTY, INC.
STREET ADDRESS 1414 SE 3RD AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33316

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE