

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0010943  
AT

DOCUMENT # **A99000000066**

1. Entity Name

**FISHER FAMILY PARTNERSHIP, LTD.**

02 APR 17 PM 12: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>616 4TH KEY DRIVE FORT LAUDERDALE FL 33304</b>	Mailing Address <b>616 4TH KEY DRIVE FORT LAUDERDALE FL 33304</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2002**

4. FEI Number <b>65-0884307</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FEINERMAN, GLORETTE A  
616 4TH KEY DRIVE  
FORT LAUDERDALE FL 33304**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

9. Capital Contributions as Shown on record. <b>\$1,600,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1,200,000.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
	<b>FEINERMAN, GLORETTA A</b>		
	<b>616 4TH KEY DRIVE</b>		
	<b>FORT LAUDERDALE FL 33304</b>		
DOCUMENT #	NAME	STREET ADDRESS	
	<b>FEINERMAN, STANLEY S</b>		
	<b>616 4TH KEY DRIVE</b>		
	<b>FORT LAUDERDALE FL 33304</b>		
DOCUMENT #	NAME	STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	
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**-04/22/02--01032--011**  
**\*\*\*526.25 \*\*\*526.25**

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 *Glorette A. Feinerman* **GLORETTE A. FEINERMAN** 04/09/02 (954) 467-7754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)