

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000170

1. Entity Name

THE GOLDMEIER LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3: 05

Principal Place of Business

C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVE., SUITE 2400
MIAMI FL 33131

Mailing Address

C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVE., SUITE 2400
MIAMI FL 33131-1716



2. Principal Place of Business

201 CARMONY BLVD

3. Mailing Address

PO Box 279

Suite, Apt. #, etc.

APT 1200

Suite, Apt. #, etc.

City & State

KING BISLAYNE, FL

City & State

KEY BISLAYNE, FL

4. FEI Number

65-0891262

Applied For

Not Applicable

Zip

Country

33149 USA

Zip

Country

33149 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVE., SUITE 2400
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$12,954,731.00

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

DOCUMENT # P99000008259
NAME BURTRUDY, INC.
STREET ADDRESS ONE S.E. 3RD AVENUE, SUITE 2400
CITY - ST - ZIP MIAMI FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

7000003260307--1
-05/22/00--01005--019
****526.25 ****526.25

DOCUMENT #
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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 #

4-21-00 305 350-9298

CR2E003 (9/99)