

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000911**

1. Entity Name
SY ROSENBLATT FAMILY LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 17 AM 11:43

Principal Place of Business
C/O MR. SEYMOUR ROSENBLATT
9999 COLLINS AVENUE - APT. 7J
BAL HARBOUR FL 33154

Mailing Address
C/O MR. SEYMOUR ROSENBLATT
9999 COLLINS AVENUE - APT. 7J
BAL HARBOUR FL 33154-1832



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number
65-0937801

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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 # NAME STREET ADDRESS CITY - ST - ZIP	ROSENBLATT, SEYMOUR TRUSTEE 9999 COLLINS AVENUE BAL HARBOUR FL 33154	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ROSENBLATT, NAT D 1887 MONTGOMERY STREET CARDIFF ON THE SEA CA 92007	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ROSENBLATT, STEVEN P 639 W. PROMONOTORY DR. NEWPORT BEACH CA 92260	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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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]* **4/13/00** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)