

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001003

1. Entity Name

RUTH PRESENT FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business
720 SOUTH FEDERAL HIGHWAY
HALLANDALE FL 33009

Mailing Address
720 SOUTH FEDERAL HIGHWAY
HALLANDALE FL 33009-6476

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0936930

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PRESENT MANAGEMENT CO.
720 SOUTH FEDERAL HIGHWAY
HALLANDALE FL 33009

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.

\$3,000,000.00

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 # P99000056052
NAME PRESENT MANAGEMENT CO.
STREET ADDRESS 720 SOUTH FEDERAL HIGHWAY
CITY - ST - ZIP HALLANDALE FL 33009

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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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; 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 #

CR2E03 (9/99)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 B

0716827573

Your Telephone Number Best Time to Call
(305) 932-6084 10-12 AM

DATE OF THIS NOTICE: 08-04-1999
EMPLOYER IDENTIFICATION NUMBER: 65-0936930
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

RUTH PRESENT FAMILY PARTNERSHIP LTD
MUTCHNIK MARION GEN PTR
720 S FEDERAL HWY
HALLANDALE FL 33009