

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008926 AT

DOCUMENT # **A99660001003**

1. Entity Name  
**RUTH PRESENT FAMILY PARTNERSHIP, LTD.**

**FILED**

**02 JUN 28 PM 4:50**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**RJH**



Principal Place of Business  
**720 SOUTH FEDERAL HIGHWAY  
HALLANDALE FL 33009**

Mailing Address  
**720 SOUTH FEDERAL HIGHWAY  
HALLANDALE FL 33009**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$305,384.00**

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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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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 included 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 partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Michelle Present** **MICHELLE PRESENT, 4/24/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)