

2001 UNIFORM BUSINESS REPORT (UBR)

0020462 SP

DOCUMENT # **A99000001159**

1. Entity Name

KURLAND HOLDINGS LIMITED PARTNERSHIP

FILED

01 APR 19 PM 12:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

hf

Principal Place of Business

**C/O GARY R. GERSON
666 SEVENTY-FIRST STREET
MIAMI BEACH FL 33141**

Mailing Address

**C/O GARY R. GERSON
666 SEVENTY-FIRST STREET
MIAMI BEACH FL 33141**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0934589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GERSON, GARY R
666 SEVENTY-FIRST STREET
MIAMI BEACH FL 33141**

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.

\$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

2,700,000

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 # **P99000062573**
NAME **KURLAND HOLDINGS, INC.**
STREET ADDRESS **666 SEVENTY-FIRST STREET**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400004102964--2

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******526.25 ****526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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; 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:

Gale M. Kulwa
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/14/2001

CR2E003 (11/00)