

# 2001 UNIFORM BUSINESS REPORT (UBR)

000608 AF

DOCUMENT # A99000001279

1. Entity Name

MAGISTER LIMITED PARTNERSHIP, LTD.

Principal Place of Business

3001 NORTH BAY ROAD  
MIAMI BEACH FL 33140

Mailing Address

3001 NORTH BAY ROAD  
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LABINER, PAUL-S  
2255 GLADES RD., STE 422A  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

IAN DAVID SILVERMAN

Street Address (P.O. Box Number is Not Acceptable)

3001 N. BAY RD

City

MIAMI BEACH,

FL

Zip Code

33140

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/01

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

310,435

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 #  
NAME SILVERMAN, IAN  
STREET ADDRESS 3001 NORTH BAY ROAD  
CITY-ST-ZIP MIAMI BEACH FL

DOCUMENT #  
NAME SILVERMAN, HANNAH  
STREET ADDRESS 3001 NORTH BAY ROAD  
CITY-ST-ZIP MIAMI BEACH FL

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP 100003910321--2  
03/26/01-01138-006  
\*\*\*\*526.25 \*\*\*\*526.25

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/01

Date

Daytime Phone #

CR2E003 (11/00)

FILED

01 MAR 21 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE