

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001482**

1. Entity Name

ROTBART FAMILY INVESTMENTS, LTD.

Principal Place of Business

**6420 NORTH BAY ROAD
MIAMI BEACH FL 33141**

Mailing Address

**6420 NORTH BAY ROAD
MIAMI BEACH FL 33141-4516**

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

65-0949871

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

**B & C CORPORATE SERVICES, INC.
221 SOUTH BISCAYNE BLVD., SUITE 3000
MIAMI FL 33131**

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 Contribution in FLORIDA to date.

\$10,000,000.00

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

**ROTBART, SHELLY S, T.B.E.
6420 NORTH BAY ROAD
MIAMI BEACH FL 33141**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**ROTBART, ABRAHAM, T.B.E.
6420 NORTH BAY ROAD
MIAMI BEACH FL 33141**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

ABRAHAM ROTBART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-11-2000 (305) 673277

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 AM 8:47



DO NOT WRITE IN THIS SPACE

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OK