

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001723
Entity Name
DECKELBAUM INVESTMENT GROUP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 9:24

Principal Place of Business
430 CASPER COURT
HOLLYWOOD FL 33021

Mailing Address
4430 CASPER COURT
HOLLYWOOD FL 33021-2416



Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number
APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHEAR, DAVID
200 SOUTH BISCAYNE BLVD., STE 2100
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Capital Contributions as Shown on record. \$50,000.00
10. Amount of Capital Contributions in FLORIDA to date.
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.

GENERAL PARTNER INFORMATION		13.	ADDRESS CHANGES ONLY
CURRENT #	DECKELBAUM, MORRIS	STREET ADDRESS	
ME	4430 CASPER COURT	CITY - ST - ZIP	3/2/00
STREET ADDRESS	HOLLYWOOD FL		
Y - ST - ZIP			
CURRENT #		STREET ADDRESS	
ME		CITY - ST - ZIP	
STREET ADDRESS			
Y - ST - ZIP			
CURRENT #		STREET ADDRESS	
ME		CITY - ST - ZIP	
STREET ADDRESS			
Y - ST - ZIP			
CURRENT #		STREET ADDRESS	
ME		CITY - ST - ZIP	
STREET ADDRESS			
Y - ST - ZIP			
CURRENT #		STREET ADDRESS	
ME		CITY - ST - ZIP	
STREET ADDRESS			
Y - ST - ZIP			

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: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 3/2/00 Daytime Phone # 954.968-3636

CR2E003 (9/99)