

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001799

1. Entity Name

PEARL KAY FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 25 AM 3:05

Principal Place of Business

20191 EAST COUNTRY CLUB DRIVE
UNIT 901-TERRACES
AVENTURA FL 33180

Mailing Address

20191 EAST COUNTRY CLUB DRIVE
UNIT 901-TERRACES
AVENTURA FL 33180-3017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0959705

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

GLASSER, GENE K
C/O ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD FL 33022

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.

\$1,985,000.00

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.

12. GENERAL PARTNER INFORMATION
DOCUMENT #
NAME KAY, PEARL
STREET ADDRESS 20191 EAST COUNTRY CLUB DRIVE, UNIT 901
CITY - ST - ZIP AVENTURA FL

13. ADDRESS CHANGES ONLY
STREET ADDRESS 200003258742--8
CITY - ST - ZIP 05/19/00-01014-018
***526.25 ***526.25

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PEARL KAY

5/2/00

954-236-0620

Daytime Phone #

CR2E003 (9/93)