

2001 UNIFORM BUSINESS REPORT (UBR)

0005908 AF

DOCUMENT # **A99000001799**

1. Entity Name

PEARL KAY FAMILY LIMITED PARTNERSHIP

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
01 JAN 26 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0959705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

PEARL KAY

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

300 S. PINE ISLAND RD SUITE 256

City

PLANTATION

FL

Zip Code

33324

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

Pearl Kay

PEARL KAY

01/17/01

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.

\$ 1,985,000.00

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

DOCUMENT #
NAME **KAY, PEARL**
STREET ADDRESS **20191 EAST COUNTRY CLUB DRIVE, UNIT 901**
CITY-ST-ZIP **AVENTURA FL**

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

300003624153--4
-02/02/01--01033--017

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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:

Pearl Kay **PEARL KAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/01

Date

954 236-0620

Daytime Phone #

CR2E003 (1/1/00)