

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001840

1. Entity Name

PRESIDENTIAL APARTMENTS LIMITED PARTNERSHIP

Principal Place of Business

120 SOUTH OLIVE STREET
WEST PALM BEACH FL 33041

Mailing Address

120 SOUTH OLIVE STREET
WEST PALM BEACH FL 33401-5501

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 South Olive Avenue

3. Mailing Address

120 South Olive Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33401

Country

Zip

33401

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHMAN GROUP OF FLORIDA, INC.
120 SOUTH OLIVE STREET
WEST PALM BEACH FL 33041

7. Name and Address of New Registered Agent

Name

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

120 South Olive Avenue

City

FL

Zip Code

33401

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.

\$7,500.00

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 # P93000082822
NAME THE RICHMAN GROUP OF FLORIDA, INC.
STREET ADDRESS 120 SOUTH OLIVE STREET
CITY - ST - ZIP WEST PALM BEACH FL 33041

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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

120 South Olive Avenue

CITY - ST - ZIP

West Palm Beach FL 33401

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

7000003274727-4
-06/02/00--01048--026
*****150.00 *****150.00

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:

CHARLES L. KRAFNICK TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/00
Date

203-869-0900
Daytime Phone #

CHARLES L. KRAFNICK