

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002258**

1. Entity Name

**JAN AF PETERSENS FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -3 AM 11:02

Principal Place of Business

P.O. BOX 190060

MIAMI BEACH FL 33119

Mailing Address

P.O. BOX 190060

MIAMI BEACH FL 33119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0971078**

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

**SCHWARTZ, HOWARD L**

**2101 CORPORATE BLVD. NW**

**SUITE 414**

**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

**J.P. Spillane**

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

**12788 W. Forest Hill Blvd.**

**Suite 2005**

City

**Wellington**

**FL**

Zip Code

**33414**

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

*J.P. Spillane* **J.P. Spillane**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9/30/00**

DATE

9. Capital Contributions as Shown on record

**\$1,000.00**

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 # **L99000008832**  
NAME **THE AF PETERSENS, LLC**  
STREET ADDRESS **P.O. BOX 190060**  
CITY-ST-ZIP **MIAMI BEACH FL 33119**

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**900003417739--5**

**10/06/00-01126-009**

**\*\*\*\*541.25 \*\*\*\*541.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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: *Jan Petersens* **RENEE RESNARD Petersens**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9/27/2000**

DATE

**305-534-6121**

Daytime Phone #