

2002 UNIFORM BUSINESS REPORT (UBR)

0005039 AT

DOCUMENT # B00000000212

1. Entity Name

PHILIPS LAKE WORTH LP

FILED

02 APR 29 PM 6:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business **Mailing Address**

417 5TH AVE. 3RD FL **417 5TH AVE. 3RD FL**
NEW YORK NY 10016 **NEW YORK NY 10016**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

DUE BY MAY 1, 2002

4. FEI Number **13-4028816** **APPLIED FOR** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

EISENSTADT, DAVID
419 WEST 49TH STREET, STE 300
HIALEAH FL 33012

7. Name and Address of New Registered Agent

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions **\$0.00** **10. Amount of Capital Contributions** **in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
as Shown on record. **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 #	F01000003034
NAME	PL LAKE WORTH CORP.
STREET ADDRESS	417 5TH AVE, 3RD FL
CITY-ST-ZIP	NEW YORK NY 10016
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	BK
CITY-ST-ZIP	
STREET ADDRESS	200005481482--5
CITY-ST-ZIP	-05/07/02--01067--008
	****141.25 ****141.25
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: *Michael Rognotta* **4/20/02** **212 951 3808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)