

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000436

1. Entity Name

ELIAS TYPALDOS FAMILY LIMITED PARTNERSHIP

Principal Place of Business

3420 S. OCEAN BLVD.  
HIGHLAND BEACH FL 33487

Mailing Address

15 PROSPECT AVE.  
MONTCLAIR NJ 07042

2. Principal Place of Business

305 SE 9th AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

Zip

33060

Country

BROWARD

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TYPALDOS, ELIAS

3420 S. OCEAN BLVD.

HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name

Robert Kanziger, Esq.

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

9130 Dadeland Blvd Suite 1705

City

Miami

FL

Zip Code

33156

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.

\$7,000.00

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 TYPALDOS, JUDITH  
STREET ADDRESS 15 PROSPECT AVE.  
CITY-ST-ZIP MONTCLAIR NJ 07042

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP 000003398760--3  
09/20/00 01012 013

STREET ADDRESS  
CITY-ST-ZIP \*\*\*\*541.25 \*\*\*\*541.25

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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:

JUDITH TYPALDOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

9/6/00

Daytime Phone #

913-744-5022

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 14 AM 10:02



DO NOT WRITE IN THIS SPACE

CF 1E003 (5/00)