

2001 UNIFORM BUSINESS REPORT (UBR)

0004919 AF

DOCUMENT # A00000001638

1. Entity Name
THE ASUSTA FAMILY LIMITED PARTNERSHIP #1

FILED

01 APR 16 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 431 BIRD ROAD, CORAL GABLES FL 33141

Mailing Address: 431 BIRD ROAD, CORAL GABLES FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 65-1053000 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
ESTEVEZ, OSCAR J
999 PONCE DE LEON BLVD., SUITE 500
CORAL GABLES FL 33141

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: 4/9/2001

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

9. Capital Contributions as Shown on record: **\$4,807.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ASUSTA, TOMAS	STREET ADDRESS	
NAME	431 BIRD ROAD	CITY-ST-ZIP	
STREET ADDRESS	CORAL GABLES FL 33141		
CITY-ST-ZIP		STREET ADDRESS	400004080894--7
		CITY-ST-ZIP	-04/26/01--01067--015
			****150.00 ****150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: **SIGNATURE REQUIRED** TOMAS J. ASUSTA

DATE: 4/9/2001 DAYTIME PHONE: (305) 642-1410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER