

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000050**

1. Entity Name
THE MARK AND ROBERTA MANDEL FAMILY LIMITED PARTNERSHIP



FILED

03 MAR 13 AM 8:41

SECRETARY OF STATE



Principal Place of Business
**3000 ISLAND BOULEVARD, #1702
WILLIAMS ISLAND FL 33160**

Mailing Address
**3000 ISLAND BOULEVARD, #1702
WILLIAMS ISLAND FL 33160**

2. Principal Place of Business
3000 ISLAND BOULEVARD,

3. Mailing Address
3000 ISLAND BOULEVARD

Suite, Apt. #, etc.
#1702

Suite, Apt. #, etc.
#1702

DUE BY MAY 1, 2003

City & State
AVENTURA, FL

City & State
AVENTURA, FL

4. FEI Number **65-0691054**

Applied For

Not Applicable

Zip Country
33160

Zip Country
33160

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

6. Name and Address of Current Registered Agent

**MANDEL, MARK
3000 ISLAND BOULEVARD, #1702
WILLIAMS ISLAND FL 33160**

7. Name and Address of New Registered Agent

Name

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

City **AVENTURA**

FL

Zip Code **33160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. **\$444,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$444,000.00**

11. MAKE CHECK PAYABLE TO FL. 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 **MANDEL, MARK**
STREET ADDRESS **3000 ISLAND BOULEVARD, #1702**
CITY-ST-ZIP **WILLIAMS ISLAND FL 33160**

DOCUMENT #
NAME **MANDEL, ROBERTA**
STREET ADDRESS **3000 ISLAND BOULEVARD, #1702**
CITY-ST-ZIP **WILLIAMS ISLAND FL 33160**

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3000 ISLAND BOULEVARD #1702**
CITY-ST-ZIP **AVENTURA, FL 33160**

STREET ADDRESS **3000 ISLAND BOULEVARD #1702**
CITY-ST-ZIP **AVENTURA, FL 33160**

STREET ADDRESS **400014062364**
CITY-ST-ZIP **03/13/03 01044-020 **526.25**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

M THOMAS

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:

Mark Mandel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/4/03
Date

Daytime Phone #

CR2E003 (10/02)