

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001966

1. Entity Name
MARMORSTEIN FAMILY PARTNERSHIP NO. I, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 24 PM 1:33

Principal Place of Business 12466 S.W. 128TH STREET MIAMI FL 33186	Mailing Address 12466 S.W. 128TH STREET MIAMI FL 33186-5402
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0703131	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE, SUITE 700
MIAMI FL 33126**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date _____	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P96000083423	NAME MARMORSTEIN FAMILY ENTERPRISES, INC.	STREET ADDRESS	580003298555--2
STREET ADDRESS 12466 SW 128TH STREET	CITY-ST-ZIP MIAMI FL 33186	CITY-ST-ZIP	-06/21/00--01092--009
DOCUMENT #	NAME	STREET ADDRESS	****158.75 ****158.75
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS	CITY-ST-ZIP	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: SIGNATURE REQUIRED **4/21/00** **(305) 252-1018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

C-2E003 (9/99)