

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002506**

1. Entity Name  
**THE HESSEL FAMILY LIMITED PARTNERSHIP**

FILED

00 FEB 21 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

905409



Principal Place of Business  
2000 SOUTH BAYSHORE DRIVE, VILLA #31  
COCONUT GROVE FL 33131

Mailing Address  
2000 SOUTH BAYSHORE DRIVE, VILLA #31  
COCONUT GROVE FL 33133-3251

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

3. Mailing Address  
**GELBER & COMPANY**  
Suite, Apt. #, etc.  
**285 N.W. 199th STREET, #20A**  
City & State  
**MIAMI, FL 33169**  
Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0794078**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HESSEL, FRANK J</b> 2000 SOUTH BAYSHORE DRIVE, VILLA #31 COCONUT GROVE FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City	
		State <b>FL</b> 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. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **5,000,000.00**

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 #	<b>HESSEL, FRANK J</b> 2000 SOUTH BAYSHORE DRIVE, VILLA #31 COCONUT GROVE FL 33131	STREET ADDRESS	100003144071-1 -02/23/00--01020--017 ****526.25 ****526.25
NAME		CITY - ST - ZIP	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
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CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

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: *Frank J. Hessel* Date: **1/15/00** Daytime Phone #: **305-529-9088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1000000

CR2E003 (9/99)