

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000921**

1. Entity Name
RUTH AND PHILIP MANDEL FAMILY, LTD.

FILED

00 FEB 16 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1920 S. OCEAN DR., APT. 10-A, TOWER II
HALLANDALE FL 33009

Mailing Address
1920 S. OCEAN DR., APT. 10-A, TOWER II
HALLANDALE FL 33009-5954

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0830833** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MANDEL, RUTH
1920 S. OCEAN DR., APT. 10-A, TOWER II
HALLANDALE FL 33009

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. **\$1,470,000.00**

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

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MANDEL, RUTH TRUSTEE 1920 S. OCEAN DR., APT. 10-A, TOWER II HALLANDALE FL 33009
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	800003155828-3 -03/03/00--01014--001 ****158.75 ****158.75
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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: *Ruth Mandel*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/13/00
Date

Daytime Phone #

CRE003 (9/99)