

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A98000000921**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name <b>RUTH AND PHILIP MANDEL FAMILY, LTD.</b>		Principal Place of Business <b>1920 S. OCEAN DR., APT. 10-A, TOWER II HALLANDALE FL 33009</b>		Mailing Address <b>1920 S. OCEAN DR., APT. 10-A, TOWER II HALLANDALE FL 33009</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0830833</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MANDEL, RUTH 1920 S. OCEAN DR., APT. 10-A, TOWER II HALLANDALE FL 33009</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,470,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>1,220,538</b>		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> 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 #	NAME		STREET ADDRESS		
	<b>MANDEL, RUTH TRUSTEE</b>				
	<b>1920 S. OCEAN DR., APT. 10-A, TOWER II</b>		CITY-ST-ZIP		
	<b>HALLANDALE FL 33009</b>				
DOCUMENT #	NAME		STREET ADDRESS	<b>600004991906--5</b>	
	<b>MANDEL, RUTH TRUSTEE</b>			<b>-02/22/02--01083--008</b>	
	<b>1920 S. OCEAN DR., APT. 10-A, TOWER II</b>		CITY-ST-ZIP	<b>****526.25 ****526.25</b>	
	<b>HALLANDALE FL 33009</b>				
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			CITY-ST-ZIP		

CR2E003 (9/01)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Feb 12, 2002  
Date Daytime Phone #