


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0009013 AT

**DOCUMENT # A98000000921**

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



FILED  
03 JAN 15 AM 10:49  
SECRETARY OF STATE



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,470,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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	<b>MANDEL, RUTH TRUSTEE</b>
STREET ADDRESS	<b>1920 S. OCEAN DR., APT. 10-A, TOWER II</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
DOCUMENT #	
NAME	<b>MANDEL, RUTH TRUSTEE</b>
STREET ADDRESS	<b>1920 S. OCEAN DR., APT. 10-A, TOWER II</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400010135524</b>
CITY-ST-ZIP	<b>01/15/03--01077--011 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Signature* **1/12/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1/12/03** Daytime Phone #

CR2E003 (10/02)