

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000-2232**

1. Entity Name

KADURACHIM LIMITED PARTNERSHIP

FILED

01 JUL -5 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3000 ISLAND BLVD.

3. Mailing Address

3000 ISLAND BLVD.

Suite, Apt. #, etc.

#1702

Suite, Apt. #, etc.

#1702

City & State

WILLIAMS ISLAND, FL

City & State

WILLIAMS ISLAND, FL

Zip

33160

Country

Zip

33160

Country

4. FEI Number

65-0973622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANDEL, MARK

3000 ISLAND BLVD., #1702

WILLIAMS ISLAND, FL 33160

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record.

1,078,098.

10. Amount of Capital Contributions

in FLORIDA to date.

\$1,078,098

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, MARK  
3000 ISLAND BLVD., #1702  
WILLIAMS ISLAND, FL 33160

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANDEL, ROBERTA  
3000 ISLAND BLVD., #1702  
WILLIAMS ISLAND, FL 33160

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
600004458686--9  
07/05/01 01013 003

STREET ADDRESS  
CITY-ST-ZIP  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

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 *Mark Mandel*

4/23/01

CR2E003 (11/00)