

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005503 AF

DOCUMENT # A00000000169

1. Entity Name

RADELL FAMILY LIMITED PARTNERSHIP

Principal Place of Business

4825 S.W. 93RD COURT  
MIAMI FL 33162

Mailing Address

4825 S.W. 93RD COURT  
MIAMI FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0974112

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

KAUFMAN, JAMES R ESQ.  
C/O KAUFMAN, KLINE, MOORE & KLEIN, P.A.  
2665 SOUTH BAYSHORE DRIVE, SUITE 903  
COCONUT GROVE FL 33133

Name

James R. Kaufman

Street Address (P.O. Box Number is Not Acceptable)

c/o Kaufman, Rossin & Co.

2699 S. Bayshore Drive, #500

City

Miami,

FL

Zip Code  
33133

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

2/14/01

9. Capital Contributions  
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$2,000,000

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 # P99000110523  
NAME RADELL FAMILY HOLDINGS, INC.  
STREET ADDRESS 4825 S.W. 93RD COURT  
CITY-ST-ZIP MIAMI FL 33162

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

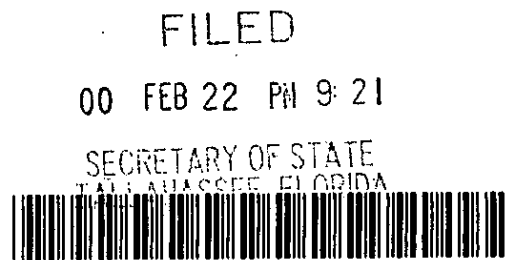
SIGNATURE:

*James R. Kaufman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)



DO NOT WRITE IN THIS SPACE