

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0000764 AT

DOCUMENT # A00000000169

1. Entity Name

RADELL FAMILY LIMITED PARTNERSHIP

02 AUG 30 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4825 S.W. 93RD COURT
MIAMI FL 33162

Mailing Address

4825 S.W. 93RD COURT
MIAMI FL 33162

change
to:



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O James Kaufman; Kaufman,

Suite, Apt. #, etc.

Rossin & Co., 2699 S. Bayshore Dr

City & State

Miami Florida

Zip

33133

Country

USA

DUE BY SEPTEMBER 25, 2002

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

KAUFMAN, JAMES R ESQ.
C/O KAUFMAN, ROSSIN & CO.
2699 S. BAYSHORE DRIVE #500
MIAMI FL 33133

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

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

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)