

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001405

1. Entity Name

RS FAMILY LIMITED PARTNERSHIP

Principal Place of Business

P.O. BOX 9312
MIAMI FL 33014

Mailing Address

P.O. BOX 9312
MIAMI FL 33014

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

65-1038839

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.

C/O NELSON & ASSOCIATES, P.A.

19495 BISCAYNE BLVD., SUITE 609

AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Charles L. Ruffner, Esq.

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

Suite 507, Courvoisier Centre II

601 Brickell Key Drive

City

Miami,

FL

Zip Code

33131-2623

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

Charles L. Ruffner

Charles L. Ruffner, Esq.

9/24/01

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

(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions

\$50,000,000.00

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 #

P00000074043

NAME

SCHAEFER FAMILY HOLDINGS, INC.

STREET ADDRESS

P.O. BOX 9312

CITY-ST-ZIP

MIAMI FL 33014

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

700 Brickell Avenue

CITY-ST-ZIP

Miami, FL 33131

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

9/20/01

954-433-7900

FILED

01 SEP 28 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12316459



DUE BY SEPTEMBER 26, 2001

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AT

CR2E003 (5/01)

STAPLE CHECK HERE