

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006202 AF

DOCUMENT # A00000001816

1. Entity Name

33 MANSELL ASSOCIATES, LTD.

Principal Place of Business

300 S.E. 2ND STREET  
FORT LAUDERDALE FL 33301

Mailing Address

300 S.E. 2ND STREET  
FORT LAUDERDALE FL 33301

2. Principal Place of Business

300 SE 2nd Street

3. Mailing Address

300 SE 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

Zip

33301

Country

4. FEI Number

65-1074402

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, PATRICA

300 S.E. 2ND STREET

FORT LAUDERDALE FL 33301

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 e 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.

(NOT: Registered Agent signature required when reinstating)

DATE

2/21/01

9. Capital Contributions as Shown on record.

\$540,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$540,000.00

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 # P00000110538  
NAME 33 MANSELL GP, INC.  
STREET ADDRESS 300 S.E. 2ND STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 300 SE 2nd Street  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patricia Jones

2/21/01

Date

954/627-9300

Daytime Phone #

CR2E003 (11/00)

FILED

01 APR 30 PM 6:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE