

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000615**

1. Entity Name

**ISKANDARANI FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**85 N.W. 168TH STREET, SUITE A  
NORTH MIAMI BEACH FL 33169**

Mailing Address  
**16041 W. TROON CIRCLE  
MIAMI LAKES FL 33014**

FILED

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number **65-1088194**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ISKANDARANI, MARWAN**

**85 N.W. 168TH STREET, SUITE A**

**NORTH MIAMI BEACH FL 33169**

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.

**\$1,980,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P01000044997**  
NAME **ISKANDARANI FAMILY CORPORATION**  
STREET ADDRESS **85 N.W. 168TH STREET, SUITE A**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33169**

STREET ADDRESS **16041 West Troon Circle**  
CITY-ST-ZIP **Miami Lakes, FL 33014**  
**600021457756**  
**07/11/03--01062--003 \*\*926.25**

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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:

*Marwan Iskandarani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**8/10/03**  
Date

**305-558-1217**  
Daytime Phone #

CR2E003 (4/03)

0000249 AT

STAPLE CHECK HERE