## UNIFORM BUSINESS REPORT (UBR)

## A01000001200 **DOCUMENT#**

1. Entity Name VANESSA FAMILY LIMITED PARTNERSHIP

Principal Place of Business 2833 BIRD AVENUE

MIAMI FL 33133

STAPLE CHECK HERE



Mailing Address 2833 BIRD AVENUE MIAMI FL 33133

FILED 03 MAY -5 PM 3: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business     3. Mailing Address							
			2665 S. Bayshore Drive				
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 703			DUE BY MAY 1, 2003	
City & State			City & State Miami, Florida			4. FEI Number Applied For 74–3054087 - Not Applicate Not A	
Zip Country		Zip Country 33133 USA		у	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
WORLD CORPORATE SERVICES, INC.					Name		
2665 SOUTH BAYSHORE DRIVE, SUITE 703				<u> </u>	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33133				F			
				<u></u>	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. \$1,000.00				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.			
DOCUMENT # P01000087645  NAME VANESSA MANAGEMENT, INC.  STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133				STREET ADDRESS			
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NAME STREET ADDRESS				STREET	T ADDRESS		
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STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP		
DOCUMENT # NAME				STREET	ADDRESS	<del></del>	
STREET ADDRESS CITY-ST-ZIP				CITY-S	.T-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

Albert J. Lazo 4/14/03 (305) 858-9900 SIGNATURE

Date:

Daytime Phone #