

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001467 AV

DOCUMENT # **A01000001200**



1. Entity Name
VANESSA FAMILY LIMITED PARTNERSHIP

FILED

03 MAY -5 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2833 BIRD AVENUE MIAMI FL 33133	Mailing Address 2833 BIRD AVENUE MIAMI FL 33133
---	---

2. Principal Place of Business	3. Mailing Address 2665 S. Bayshore Drive
--------------------------------	---

Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 703
---------------------	---

City & State	City & State Miami, Florida
--------------	---------------------------------------

Zip	Country	Zip	Country
		33133	USA

DUE BY MAY 1, 2003	
4. FEI Number 74-3054087	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI FL 33133

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

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. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P01000087645 VANESSA MANAGEMENT, INC. 2833 BIRD AVENUE MIAMI FL 33133	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	60001 7924766
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	05/05/03--01013--009 **1402.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: **Albert J. Lazo** 4/14/03 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)