

2005 **LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

2005 APR 21 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A 03000000789

1. Entity Name

MANDEL DEVELOPMENT, LTD.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3807 N 29th AVENUE

3. Mailing Address
3807 N 29th AVENUE

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State
HOLLYWOOD, FLORIDA

City & State
HOLLYWOOD, FLORIDA

4. FEI Number
65-0234650

Applied For
Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARVIN MANDEL

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

3201 NE 183rd STREET, #2601

City
AVENTURA FL Zip Code
33160

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. ☒

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

DOCUMENT # L 03000018585
NAME MANDEL DEVELOPMENT, LLC.
STREET ADDRESS 3807 N 29th AVENUE
CITY-ST-ZIP HOLLYWOOD, FLORIDA 33020

STREET ADDRESS

CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE