

# 2002 UNIFORM BUSINESS REPORT (UBR)

00003 3 A1

**DOCUMENT # A06928**  
 1. Entity Name  
**NANDA ASSOCIATES LTD**

FILED

02 FEB -8 AM 8:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>600 W. 84TH STREET HIALEAH FL 33014</b>	Mailing Address <b>600 W. 84TH STREET HIALEAH FL 33014</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>59-1870622</b>		Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country	

**DUE BY MAY 1, 2002**

**6. Name and Address of Current Registered Agent**  
**LEVIN, LEWIS M**  
**600 WEST 84TH STREET**  
**HIALEAH FL 33014**

**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 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. Capital Contributions as Shown on record. **\$40,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	
NAME	<b>LEVIN, LEWIS M</b>
STREET ADDRESS	<b>13643 DEERING DAY DR. #155</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33155</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800004925248--1</b>
CITY-ST-ZIP	<b>-02/14/02--01001--030</b>
STREET ADDRESS	<b>****368.75 ****368.75</b>
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: **2/4/02** Daytime Phone #: **305 821 1850**

CR2E003 (9/01)