2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI 1. Entity Nam NATTAR		2			FILED	
וארא וירווי	, LID.			;	00 FEB - 3 PM 2: 25	
Principal Place of Business Mailing Address 8381 S.W. 92ND TERRACE 8381 S.W. 92ND TERRACE MIAMI FL 33156 MIAMI FL 33156-7356				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
				,		
2. Principal Place of Business 3.		3. Mailing Address		····	-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State Cit		City & State	City & State		4. FEI Number 59-2175020 Applied For Not Applicable	
Zip Country Zin		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	
HERSHBEIN, ARTHUR				Name		
8381 S.W. 92ND TERR				Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33156			}			
				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.						
9. Capital Coas Shown o	on record. A GENERAL PARTNER T	10. Amount of Capital C in FLORIDA to date	Contributi	T BE REGIST	when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12.	GENERAL PARTNER		13,		ADDRESS CHANGES ONLY	
DOCUMENT#	HERSHBEIN, ARTHUR		STREET A	ADORESS		
NAME STREET ADDRESS CITY-ST-28P	8381 S.W. 92ND TERR.		CITY-ST-	-ZDP	-0000031251903 -02/07/0001018007	
COCUMENT#			STREET A	NOORESS	****162.25 *****162.25	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	- ZIP		
DOCUMENT#			STREET A	ADDRESS		
STREET ADORESS CITY - ST - ZIP	·		CITY-ST-	- ZIP		
Document# Name			STREET A	ADDRESS		
STREET ADDRESS			CTTY-ST-	-ZIP		
Document# Name			STREET A	ADDRESS		
STREET ADDRESS CITY-ST-ZIP	· ·		CITY-ST-	- ZIP		
DOCUMENT# NAME			STREET A	ADDRESS		
STREET ADDRESS			CITY-ST			
indicated	pertify that the information supplied with on this report is true and accurate and her or trustee empowered to execute this	that my signature shall have the	e same le	egal effect as it m	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or	

SERVICE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone Phon