

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A93000000472
 1. Entity Name
MUSKAT FAMILY LIMITED PARTNERSHIP 93-I

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 26 AM 3: 05



Principal Place of Business
 10775 S.W. 133RD TERRACE
 MIAMI FL 33176

Mailing Address
 10775 S.W. 133RD TERRACE
 MIAMI FL 33176-6047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0399618**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MUSKAT, PABLO
10775 SW 133 TERRACE
MIAMI FL 33176

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$386,000.00**
 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 STREET ADDRESS CITY - ST - ZIP	MUSKAT, PABLO 10775 S.W. 133RD TERRACE MIAMI FL 33176
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MUSKAT, MIRIAM 10775 S.W. 133RD TERRACE MIAMI FL 33176
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
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CR2E003 (9/99)

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: Miriam Muskat GENERAL PARTNER April 21, 2000 253-4252
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER MIRIAM MUSKAT Date Daytime Phone #