

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 FEB 12 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # A93000000472

1. Entity Name
MUSKAT FAMILY LIMITED PARTNERSHIP 93-I

Principal Place of Business: **10775 S.W. 133RD TERRACE MIAMI FL 33176**
Mailing Address: **10775 S.W. 133RD TERRACE MIAMI FL 33176**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MUSKAT, PABLO	STREET ADDRESS	
NAME	10775 S.W. 133RD TERRACE	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL 33176		
CITY-ST-ZIP			
DOCUMENT #	MUSKAT, MIRIAM	STREET ADDRESS	
NAME	10775 S.W. 133RD TERRACE	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL 33176		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400003708354--6
STREET ADDRESS			-02/16/01--01139--026
CITY-ST-ZIP			***526.25 ***526.25
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		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: *Miriam Muskat* **GENERAL PARTNER** **FEB 7, 2001** **(305) 253-4252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **MIRIAM MUSKAT** Date Daytime Phone #

0005782 AF
CR2E003 (11/00)