


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010721 AT

**DOCUMENT # A93000000473**


1. Entity Name  
**MUSKAT FAMILY LIMITED PARTNERSHIP 93-II**



FILED

03 JAN 24 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0399619**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$276,457.00**

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 #                      |                                 |
| NAME                            | <b>MUSKAT, PABLO</b>            |
| STREET ADDRESS                  | <b>10775 S.W. 133RD TERRACE</b> |
| CITY-ST-ZIP                     | <b>MIAMI FL 33176</b>           |
| DOCUMENT #                      |                                 |
| NAME                            | <b>MUSKAT, MIRIAM</b>           |
| STREET ADDRESS                  | <b>10775 S.W. 133RD TERRACE</b> |
| CITY-ST-ZIP                     | <b>MIAMI FL 33176</b>           |
| 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              | <b>700010673167</b><br><small>01/23/03--01067--008 **526.25</small> |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              | <b>BO THOMAS</b>  |
| 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:** MUSKAT FAMILY LIMITED PARTNERSHIP 93-II  
*Miriam Muskat*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: January 12/2003 Daytime Phone #: 305 253-4252

CR2E003 (10/02)