

2002 UNIFORM BUSINESS REPORT (UBR)

141.25
APPROVED
AND
FILED

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AV

DOCUMENT # A95000000829

1. Entity Name

RUSALEKA LIMITED PARTNERSHIP

02 APR 12 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9400 SOUTH DADELAND AVE.
SUITE 300
MIAMI, FL 33156

Mailing Address
9400 SOUTH DADELAND AVE.
SUITE 300
MIAMI, FL 33156



2. Principal Place of Business

3. Mailing Address

7755 SW 87 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 130

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33173

4. FEI Number

65-0622122

Applied For

Not Applicable

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

WOLASKY, MARJORIE E ATTY.
7103 S.W. 102ND AVENUE, SUITE A
MIAMI FL 33173

Name

MARJORIE E. WOLASKY

Street Address (P.O. Box Number is not acceptable)

ATTORNEY AT LAW
9400 S. DADELAND BLVD.
SUITE 300

City

MIAMI, FLORIDA 33156

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$480.00

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 # P95000031576
NAME SHANILA CORPORATION
STREET ADDRESS 7755 S.W. 87 AVE., S-130
CITY-ST-ZIP MIAMI FL 33173

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)