

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

141.25

0010643 AT

DOCUMENT # A95000000829



FILED
03 MAY -2 PM 7:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name
RUSALEKA LIMITED PARTNERSHIP

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

Mailing Address
**7755 SW 87TH AVE., STE. 130
MIAMI FL 33173**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0622122**

Applied For

Not Applicable

Zip

Country

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

**WOLASKY, MARJORIE E ATTY.
9400 S. DADELAND BLVD., STE. 300
MIAMI FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

000017903930

05/02/03 01074 014 **150.00

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

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 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

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03
Date

Daytime Phone #

CR2E003 (10/02)

SIAPLE CHECK HERE