


2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000001686

1. Entity Name
THE ISIDORE MISRAHI FAMILY LIMITED PARTNERSHIP #

FILED
01 MAR -5 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9805 NW 52 ST., SUITE 517
MIAMI FL 33178

Mailing Address
9805 NW 52 ST., SUITE 517
MIAMI FL 33178

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

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

4. FEI Number **65-0627141**
Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

MISRAHI, ISIDORE TRUSTEE
9805 NW 52 ST., SUITE 517
MIAMI FL 33178

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. **\$416,050.00**
10. Amount of Capital Contributions in FLORIDA to date. **\$416,050.00**
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 # NAME STREET ADDRESS CITY-ST-ZIP	MISRAHI, ISIDORE TRUSTEE 9805 NW 52 ST., SUITE 517 MIAMI FL 33178	STREET ADDRESS CITY-ST-ZIP	
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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

MARCH 1-2001 (305) 499-9956
Date Daytime Phone #

CR2E003 (11/00)