

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001686**

FILED

02 JAN -9 PM 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NJH



1. Entity Name

THE ISIDORE MISRAHI FAMILY LIMITED PARTNERSHIP # 1

Principal Place of Business

18121 SW 144 COURT
MIAMI FL 33177

Mailing Address

18121 SW 144 COURT
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

119

DUE BY MAY 1, 2002

4. FEI Number

65-0627141

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

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

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

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

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: *Isidore Misrahi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JANUARY 7-2002 (305) 234-0715

Date Daytime Phone #

CR2E003 (9/01)