

2001 UNIFORM BUSINESS REPORT (UBR)

0004707 AF

DOCUMENT # **A96000000491**

1. Entity Name

ZENDERMAN FAMILY LIMITED PARTNERSHIP #1, LTD.

FILED

01 APR 20 PM 12:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 727 FAIRWAY DR. MIAMI BEACH FL 33147	Mailing Address 727 FAIRWAY DR. MIAMI BEACH FL 33147
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0653052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LABINER, PAUL S
2255 GLADES ROAD
SUITE 422A
BOCA RATON FL 33431**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE *4/9/2001*

9. Capital Contributions as Shown on record. \$300,000.00	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 #		STREET ADDRESS	
NAME	ZENDERMAN, ENRIQUE	CITY-ST-ZIP	
STREET ADDRESS	727 FAIRWAY DR.		
CITY-ST-ZIP	MIAMI BEACH FL 33147		
DOCUMENT #		STREET ADDRESS	400004137004--6
NAME	ZENDERMAN, MARCELA	CITY-ST-ZIP	-05/04/01--01090--003
STREET ADDRESS	727 FAIRWAY DR.		****526.25 ****526.25
CITY-ST-ZIP	MIAMI BEACH FL 33147		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: *ENRIQUE ZENDERMAN* SIGNATURE REQUIRED *[Signature]* DATE *3/31/01* DAYTIME PHONE # *305-513-0043*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)