

2002 UNIFORM BUSINESS REPORT (UBR)

0010883 AT

DOCUMENT # **A96000001966**

1. Entity Name

MARMORSTEIN FAMILY PARTNERSHIP NO. I, LTD.

FILED

02 MAY -6 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12466 S.W. 128TH STREET
MIAMI FL 33186

Mailing Address

12466 S.W. 128TH STREET
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0703131

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

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE, SUITE 700
MIAMI FL 33128

Name: **Rasco, Reininger, Perez & Esquenazi, P.L.**
Street Address (P.O. Box Number is Not Acceptable):
283 Catalina Avenue
2nd Floor
City: **Coral Gables** FL **33134**

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.

\$10,000.00

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 # **P96000083423**
NAME **MARMORSTEIN FAMILY ENTERPRISES, INC.**
STREET ADDRESS **12466 SW 128TH STREET**
CITY-ST-ZIP **MIAMI FL 33186**

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 #

3/20/02 (305) 252-1018

CR2E003 (9/01)