

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000002312
 1. Entity Name
WAFIYA FAMILY PARTNERSHIP, LTD.

FILED

Principal Place of Business: **C/O RICHARD J. RAZOOK ONE SOUTHEAST THIRD AVE., 17TH FLOOR MIAMI FL 33131**
 Mailing Address: **C/O RICHARD J. RAZOOK ONE SOUTHEAST THIRD AVE., 17TH FLOOR MIAMI FL 33131**

01 FEB 21 AM 10:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number: **65-0722063**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**RAZOOK, RICHARD J
 C/O THOMSON MURARO RAZOOK & HART, P.A.
 ONE SOUTHEAST THIRD AVE., 17TH FLOOR
 MIAMI FL 33131**

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: **\$2,200,000.00**
 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 #	WAFIYA EL HASSANY SHAFAY, TRUSTEE ONE SOUTHEAST THIRD AVE., 17TH FLOOR MIAMI FL 33131	STREET ADDRESS	000003768730--8 -02/26/01--01151--007 *****526.25 *****526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	RICHARD J. RAZOOK, TRUSTEE ONE SOUTHEAST THIRD AVE., 17TH FLOOR MIAMI FL 33131	STREET ADDRESS	
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STREET ADDRESS			

CR2E003 (11/00)

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: **2/14/01 (305) 350-7200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #