

2000 UNIFORM BUSINESS REPORT (UBR)

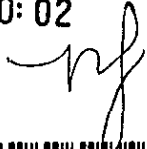
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DOCUMENT # A97000001051

1. Entity Name
SCHIFF FAMILY HOLDINGS FLORIDA LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 14 AM 10:02



Principal Place of Business: 9955 NORTH KENDALL DRIVE, SUITE 205 MIAMI FL 33176
Mailing Address: 9955 NORTH KENDALL DRIVE, SUITE 205 MIAMI FL 33176



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

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

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **65-0753248**
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

SHORE, H. ALLAN
1221 BRICKELL AVE., SUITE 2100
MIAMI FL 33131

Name: **Steven Schiff**
Street Address (P.O. Box Number is Not Acceptable): **9955 N. Kendall Drive, Suite 205**
City: **Miami** FL Zip Code: **33176**

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:  DATE: **7/31/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$100.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
P97000039420	SCHIFF FAMILY HOLDINGS, INC.	9955 NORTH KENDALL DRIVE, SUITE 205	MIAMI FL 33176

STREET ADDRESS	
CITY-ST-ZIP	100003370081--5 -08/23/00--01101--001
STREET ADDRESS	***150.00 ***150.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  **SIGNATURE REQUIRED** DATE: **7/31/2000** DAYTIME PHONE #: **305/274-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)