

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002506**

1. Entity Name
THE HESSEL FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**2000 SOUTH BAYSHORE DRIVE, VILLA #31
COCONUT GROVE FL 33131**

Mailing Address
**2000 SOUTH BAYSHORE DRIVE, VILLA #31
COCONUT GROVE FL 33133-3251**

FILED

00 FEB 21 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

905409



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

3. Mailing Address
GELBER & COMPANY
Suite, Apt. #, etc.
285 N.W. 199th STREET, #20A
City & State
MIAMI, FL 33169
Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0794078**

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	
HESSEL, FRANK J 2000 SOUTH BAYSHORE DRIVE, VILLA #31 COCONUT GROVE FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City	
		State 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. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **5,000,000.00**

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 #	HESSEL, FRANK J 2000 SOUTH BAYSHORE DRIVE, VILLA #31 COCONUT GROVE FL 33131	STREET ADDRESS	100003144071-1 -02/23/00--01020--017 ****526.25 ****526.25
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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: *Frank J. Hessel* **1/15/00** **305.529.9088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

1000000

CR2E003 (9/99)