

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A98000000335**  
 1. Entity Name  
**THE REMIN FAMILY LIMITED PARTNERSHIP**

Principal Place of Business 9801 COLLINS AVENUE, #9D BAL HARBOUR FL 33154	Mailing Address 9801 COLLINS AVENUE, #9D BAL HARBOUR FL 33154
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

**6. Name and Address of Current Registered Agent**  
 REMIN, ROSE  
 % THE REMIN CORPORATION  
 9801 COLLINS AVENUE, #9D  
 BAL HARBOUR FL 33154

**DUE BY SEPTEMBER 26, 2001**

4. FEI Number <b>65-0858134</b>	Applied For
	Not Applicable

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

**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. <b>\$500.00</b>	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	<b>P98000005076 REMIN CORPORATION 9801 COLLINS AVENUE, #9D BAL HARBOUR FL 33154</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>000004618100--4 -10/01/01--01051--026 ****541.25 ****541.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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:** \_\_\_\_\_ **SIGNATURES REQUIRED** *al2201*

FILED  
 01 SEP 27 PM 12:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



0000854 AT

CR2E003 (5/01)

STAPLE CHECK HERE