

# 2002 UNIFORM BUSINESS REPORT (UBR)

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APPROVED AND FILED

02 MAR 27 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A99000000334**

1. Entity Name  
**KASSIN FAMILY PARTNERSHIP, LTD.**

Principal Place of Business: **21471 HIGHLAND LAKES BOULEVARD MIAMI FL 33179**  
Mailing Address: **21471 HIGHLAND LAKES BOULEVARD MIAMI FL 33179**



2. Principal Place of Business / 3. Mailing Address

Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **65-0914978** Applied For:  Not Applicable

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

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent  
**KASSIN, CLARA  
21471 HIGHLAND LAKES BOULEVARD  
NORTH MIAMI BEACH FL 33179-6031**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$6,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **1,500,000.**

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 #	<b>612068</b>	STREET ADDRESS	
NAME	<b>FOREIGN FINANCIAL INVESTMENT, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>21471 HIGHLAND LAKES BOULEVARD</b>	STREET ADDRESS	<b>900005183139--5</b>
CITY-ST-ZIP	<b>MIAMI FL 33179-6031</b>	CITY-ST-ZIP	<b>04/02/02 01043 003</b>
DOCUMENT #		CITY-ST-ZIP	<b>****526.25 ****526.25</b>
NAME		STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
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:** \_\_\_\_\_ **2-1-02** **305/592-7248**

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

CR2E003 (9/01)

PLEASE PRINT NAME HERE