

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000342

1. Entity Name

THAL FAMILY HOLDINGS LIMITED PARTNERSHIP

FILED

02 FEB -7 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

318 NORTH CARSON STREET, SUITE 214
CARSON CITY NV 89701

Mailing Address

1674 ALTON ROAD, SUITE 100
MIAMI FL 33139

2. Principal Place of Business

3. Mailing Address

P.O. BOX 402867

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH FL.

Zip

Country

Zip

Country

33140

USA

4. FEI Number

88-0387586

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

7. Name and Address of New Registered Agent

THAL, MITCHELL

1674 ALTON ROAD, SUITE 100

MIAMI FL 33139

Name

MITCHELL THAL

Street Address (P.O. Box Number is Not Acceptable)

3100 PRAIRIE AVENUE

City

MIAMI BEACH

FL

Zip Code

33140

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

Signature, typed or printed name of registered agent and title if applicable.

2/5/02
DATE

9. Capital Contributions
as Shown on record.

\$252,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$252,000.00

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 # F00000006104
NAME THAL FAMILY HOLDINGS, INC.
STREET ADDRESS 1674 ALTON ROAD, SUITE 100
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS P.O. Box 402867
CITY-ST-ZIP MIAMI BEACH, FL 33140

DOCUMENT #
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STREET ADDRESS
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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: Edward Thal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/02
Date

Daytime Phone #

CR2E003 (9/01)