


2000 UNIFORM BUSINESS REPORT (UBR)

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M 06/00

DOCUMENT # A23513

1. Entity Name
COMMODORE RENTALS, LTD.

FILED
00 MAY -8 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3120 KIRK ST.
MIAMI FL 33133**

Mailing Address
**100 N. BISCAYNE BLVD.. #3000
MIAMI FL 33132-2305**

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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2740508** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HEYDASCH, AXEL
100 NO. BISCAYNE BLVD., 30TH FLOOR
MIAMI FL 33132**

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. **\$467,415.00**

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 #	M40525	STREET ADDRESS	STREET ADDRESS	
NAME	COMMODORE INTERNATIONAL REALTY INC.	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	3120 KIRK ST.			
CITY - ST - ZIP	MIAMI FL 33133			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS				
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NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				

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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: *X* **SIGNATURE REQUIRED** *Heidasch* **28/4/00 305-358-8700**

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

CR2E003 (9/99)