

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 08:00 AM****Secretary of State****DOCUMENT # A94000000558**

1. Entity Name

FIDELITY REALTY PARTNERS, LTD.

Principal Place of Business

Mailing Address

420 SOUTH DIXIE HIGHWAY, SUITE 2-B

420 SOUTH DIXIE HIGHWAY, SUITE 2-B

CORAL GABLES

FL

CORAL GABLES

FL

33146

33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0484342

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARPENTER L BIII

4156 CRAWFORD AVENUE

COCONUT GROVE

FL

33133

US

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

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

(NOTE: Registered Agent signature required when reinstating)

01/11/2001

DATE

9. Capital Contributions

as Shown on record. 6,750.00

10. Amount of Capital Contributions

in FLORIDA to date. 6,750.00

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 #

NAME

CARPENTER L BIII

STREET ADDRESS

4156 CRAWFORD AVE.

CITY-ST-ZIP

COCONUT GROVE FL 33133

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

BRUZOS CARLOS A

STREET ADDRESS

420 S. DIXIE HIGHWAY, #2B

CITY-ST-ZIP

CORAL GABLES FL 33146

STREET ADDRESS

CITY-ST-ZIP

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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:

L. B. Carpenter III

GP

01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)