2000 UNIFORM BUSINESS REPORT (UBR)

2000	OUIL! POSI	NESS REPU	n.	(ODN)			
DCCUMENT # : A9500001498 1. Entity Name					FILED STATE		
FLORIDA REAL PROPERTIES LIMITED				SECRETARY OF STATE DIVISION OF CORPORATIONS		NS .	
Principal Place	o of Ruginoon	Mailing Address			00 JUN 29 PM 1: 29	9	
501 BRICKELL KEY DR., STE. 602 501 BRICKELL KEY DR., ST			STE. 602				
MIAMI FL 33131 MIAMI FL 33131-2608					THE RESIDENCE OF THE STATE OF T		
2. Principal Place of Business 3. Mailing Address							
, 		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Suite, Apt.	· · · · ·				Applied For		
City & State		City & State			65-0609379 Not Applicable		
Zip	Country	Zip ~ ~~~	Coun	try	5. Certificate of Status Desired Fee	.75 Additional Required	
	6. Name and Address of Current R	egistered Agent		Nome 1 -	7. Name and Address of New Registered Ager		
ALLEN & GALEGO 501 BRICKELL KEY DR., STE. 602 MIAMI FL 33131				, -0	ESTEC INTERNATIONAL CORPORATION PROS (P.O. BOX Number is Not Acceptable).		
					RICKEILKE DRIVE		
				City MU		Zip Code 33131	
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 Signification of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. Capital Contributions as Shown on record. \$600,000.00 10. Amount of Capital Contributions in FLORIDA to date.					11. MAKE CHECK PAYABLE TO SEE REVERSE SIDE FOR FI		
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				1	ADDRESS CHANGES ONLY		
DOCUMENT# NAME	P95000074844 BRICKELL CAPITAL CORPORATION		STA	ET ADDRESS	<u>.</u>		
STREET ADORESS CITY-ST-ZIP	501 BRICKELL KEY DR., STE. 602 MIAMI FL 33131			-ST-ZIP	·		
DOCUMENT# NAME				ET ADORESS			
STREET ADDRESS CITY-ST-ZIP			CITY	- ST - ZIP	5000032671955 -05/25/0001094001		
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DOCUMENT #			STRI	ET ADDRESS			
NAME STREET ADDRESS CITY - ST - ZIP	. '			-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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: DIAZ-BAIPRT 4/27/00 (305)358-8900 SIGNATURE: Date Date Date Date Date Date Date Date							