

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000001498

1. Entity Name
FLORIDA REAL PROPERTIES LIMITED

FILED
02 MAY -1 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business
**501 BRICKELL KEY DR., STE. 602
MIAMI FL 33131**

Mailing Address
**501 BRICKELL KEY DR., STE. 602
MIAMI FL 33131**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0609379**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VESTEC INTERNATIONAL CORPORATION
501 BRICKELL KEY DR., STE. 602
MIAMI FL 33131**

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. **\$600,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000074844 BRICKELL CAPITAL CORPORATION 501 BRICKELL KEY DR., STE. 602 MIAMI FL 33131
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000005505330--0
STREET ADDRESS	-05/13/02--01015--028
CITY-ST-ZIP	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **Rafael Diaz-Balart** 4/30/02 (305) 358.8900

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

CP2E003 (9/01)