

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001085

1. Entity Name
300 ARAGON HOLDING LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -2 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**300 ARAGON AVENUE
CORAL GABLES FL 33146**

Mailing Address
**200 SOUTH BISCAYNE BLVD., SUITE 4815
MIAMI FL 33131-2303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0669189**

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

**SALUSSOLIA, PIERO
200 SOUTH BISCAYNE BLVD., SUITE 4815
MIAMI FL 33131**

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. **\$692,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000044649**
NAME **300 ARAGON, INC.**
STREET ADDRESS **330 GREGG AVENUE, #10**
CITY - ST - ZIP **CORAL GABLES FL 33146**

STREET ADDRESS **4343 WEST FLAGLER ST SUITE 505**
CITY - ST - ZIP **MIAMI, FL 33134**

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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: **SIGNATURE REQUIRED SALUSSOLIA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/20/00
Date

(305) 373-7016
Daytime Phone #

CR2E003 (9/93)