

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000478 AT

DOCUMENT # A96000001261

1. Entity Name

MUTINY ON THE BAY, LTD.

Principal Place of Business

2951 S. BAYSHORE DR.  
COCONUT GROVE FL 33133

Mailing Address

C/O AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVE., STE. 900  
MIAMI FL 33131

FILED

2002 SEP 26 AM 10:29

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

1001 Brickell Bay Dr.

Suite, Apt. #, etc.

2410

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number

65-0681967

Applied For

Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

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 # P95000085843  
NAME FLAGLER BAY, INC.  
STREET ADDRESS 2951 S. BAYSHORE DR.  
CITY-ST-ZIP COCONUT GROVE FL 33133

STREET ADDRESS

1001 Brickell Bay Dr, Suite 2410

CITY-ST-ZIP

Miami, FL 33131

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STREET ADDRESS

CITY-ST-ZIP

4. 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Richard Dunn

9-10-02

305-373-5020

Date

Daytime Phone #

CR2E003 (4/02)