

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # A96000002190**  
 1. Entity Name  
**BLUMBERG/BRICKELL, LTD.**

Principal Place of Business % AMERICAN VENTURES CORPORATION 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	Mailing Address % AMERICAN VENTURES CORPORATION 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134-7411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0716246</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
**ARCIA, AGNES**  
**255 ALHAMBRA CIRCLE**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$453,500.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
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	STREET ADDRESS	
	CITY - ST - ZIP	
	STREET ADDRESS	<del>6000002283236-5</del>
	CITY - ST - ZIP	-06/09/00--01090--023 ****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: *[Signature]* **BLUMBERG/BRICKELL, INC.** 4/26/00 (305) 569-9700  
**GENERAL PARTNER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **PHILIP F. BLUMBERG, PRESIDENT** Daytime Phone #

CR2EM03 (9/11)