## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9700000677  1. Entry America G.R. FAMILY UMITED PARTNERSHIP, LTD.  1. Entry America Frincipal Place of Business  Nating Address  Secret FARY OF STATE  MAMI F. 39145  MAMI F. 39145  3. Mailing Address  Salto CARA WAY, SUITE 200  MAMI F. 39145  Salto Agil 8. etc.  Do NOT WRITE IN THIS SPACE  DO NOT				, ** *	į
Principal Place of Business 3510 CORAL WAY. SUITE 200 MANU FL 30145  3510 CORAL WAY. SUITE 200		000000677	-	-	
3910 CORAL WAY, SUITE 20 MAMU FL 33145  Suite, Apr. 6, etc.  Suite, Apr. 6, etc.  Suite, Apr. 6, etc.  City & State  City & Stat	G.R. FAMILY LIMITED PARTNERSHIP, LTD.			FILED	
3310 CORAL WAY, SUITE 20 MAMU FL 33145  Suite, Agit. 4f etc.  City & State  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Principal Place of Business	Mailing Address		- APR 26 PA	5: 50
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2. Principles Place of Business  Suito, Apt. 6, etc.  City & State  City & Stat	MIAMI FL 33145			FLAMASSEE. FL	ORIDA
Sullio, Apt. 4, etc.    Sullio, Apt. 4, etc.   Sullio, Apt. 4, etc.   DO NOT WRITE INTHIS SPACE	2 Principal Place of Rusiness	3 Mailing Address			
City & State  City & State  City & State  Country  S. Certificate of Status Desired Fee Required Fee Requi	•	a. Walling Address			
Zip Country Zip Country S. Certificate of Status Desired S. 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 9. Name 19. Name and Address of New Registered Agent 9. Name 19. Name 19. Name 19. Name and Address of New Registered Agent 9. Name 19. Name 29. Carl Address (P.O. Box Number is Not Acceptable) 9. Carl Address (P.O. Box Nu	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	PACE
Zip Country Zip Country S. Carrificate of Status Desired St. 75 Additional Feb Proprieted  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Sieed Address (P.O. Box Number is Not Acceptable)  Sieed Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. 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  SIGNATURE  9. Capital Contributions  8. 1.437,000.00  10. Amount of Capital Contributions  8. 1.437,000.00  10. Amount of Capital Contributions  8. Shown on record.  \$1.437,000.00  10. Amount of Capital Contributions  8. Shown on real Partners MAY NOT be changed on the form; an amendment must be filled to change ageneral partner.  12. GENERAL PARTNER INFORMATION  13. AODRESS CHANGES ONLY  DOILMIT!  MAKE  RESTREPO, GLORIA  3510 CORAL WAY, SUITE 200  MAMIFE JAMES  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  OLTY-ST-ZIP  MAMIFE ADDRESS  OLTY-ST-ZIP  DOILMOST  AMA  STREET ADDRESS  STREET ADDRESS  OLTY-ST-ZIP  COUMENT /  MAKE	City & State	City & State			
S. Name and Address of Current Registered Agent  Name  RESTREPO, DARIO 3510 CORAL WAY, SUITE 200  MAMI FL 33145  City  FL Zip Code  6. 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  Signature, spend or present name of replaced agent and the applicate.  Solicity  FL Zip Code  City  FL Zip Code  6. 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  Signature, spend or present name of replaced agent and the applicate.  SIGNATURE  Signature, spend or present name of replaced agent and statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, spend or present name of replaced agent and statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE	Zip Country	Zip	Country	5 Certificate of Status Desired	8.75 Additional
RESTREPO, DARIO 3510 CORAL WAY, SUITE 200 MAMI FL 33145  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 Speak or printed name of registered agent and title if applicable.  PL 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 Speak or printed name of registered agent and title if applicable.  PL Zip Code  11. MAKE CHEEK PAYABLE TO DEPT. OF STATE SE REVERSES 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 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.  13. STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT / MAKE  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT / MAKE  STREET ADDRESS  CITY-ST-ZIP  STR	6. Name and Address of Cu	rrent Registered Agent			<u> </u>
3510 CORAL WAY, SUITE 200 MAMI FL 33145  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  Signation, speed or periend name of negistered agent are 20th if applicable.  9. Capital Contributions as Shown on record.  \$1,437,000.00  10. Amount of Capital Contributions in REPITAL 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 filled to change a general partner.  12. ORDINATION STREET ADDRESS ONLY  MAME SIRRET ADDRESS  CITY-ST-ZIP  MAMI FL 33145  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET	PEOTDEDO DADIO		Name		1
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6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, hybrid or present name of registered agent and 260 if applicable.  (NOTE Registered Agent signature required when resistating)  10. Amount of Capital Contributions as Shown on Record.  A GENERAL PARTINER THAT IS A BUSINESS SENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partiner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  STREET ADDRESS  CITY-ST-28P  DOUGLINERT / MAKE  STREET ADDRESS  CITY-ST-28P  CITY-ST-28P  CITY-ST-28P  CITY-ST-28P  CITY-ST-28P  CITY-ST-28P  STREET ADDRESS  CITY-ST-28P  STREET ADDRESS  CITY-ST-28P  STREET ADDRESS  CITY-ST-28P  STREET ADDRESS  CITY-ST-28P  CITY-ST-28P  STREET ADDRESS  CITY-ST-28P  STRE	·				1
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Gloria Restrepo April 19,2001

(305) 445-9555 Daytime Phone #