

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001338  
1/1

**DOCUMENT # A97000001657**

1. Entity Name  
**RAR ENTREPRENEURIAL FUND, LTD.**

**FILED**  
**00 MAY 17 PM 4:20**

Principal Place of Business  
**4675 S.W. 74TH STREET  
MIAMI FL 33143**

Mailing Address  
**4675 S.W. 74TH STREET  
MIAMI FL 33143-6271**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address  
**4840 SW 80th St.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip  
**33143**

Country

4. FEI Number **65-0769924**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**OASIS, RUSSELL**  
**4840 S.W. 80TH STREET**  
**MIAMI FL 33143**

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 \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$8,000,000.00**

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	
DOCUMENT #	<b>P95000062629</b>
NAME	<b>TAMIAMI TOWER CORP.</b>
STREET ADDRESS	<b>4675 S.W. 74TH STREET</b>
CITY - ST - ZIP	<b>MIAMI FL 33143</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<del>288883290152--0</del>
CITY - ST - ZIP	<del>-06/15/00--01004--009 ****437.50 ****437.50</del>
STREET ADDRESS	<del>200003290152--0</del>
CITY - ST - ZIP	<del>-06/15/00--01004--010 ****88.75 ****88.75</del>
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]* **SIGNATURE REQUIRED** **3/31/00** **305 667-6800**

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