


2001 UNIFORM BUSINESS REPORT (UBR)

0005960 AF

DOCUMENT # A9800000725
 1. Entity Name
AVENTURA INTERNATIONAL BUSINESS CENTER, LTD.

FILED
 01 MAY 11 PM 12:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 2875 N.E. 191 STREET, PH3A
 AVENTURA FL 33180

Mailing Address
 2875 N.E. 191 STREET, PH3A
 AVENTURA FL 33180

2. Principal Place of Business
 3440 HOLLYWOOD BLVD,
 Suite, Apt. #, etc.
 360

3. Mailing Address
 3440 HOLLYWOOD BLVD
 Suite, Apt. #, etc.
 360

City & State
 HOLLYWOOD, FL

City & State
 HOLLYWOOD, FL

Zip Country
 33021 USA

Zip Country
 33021 USA

4. FEI Number
65-0850932

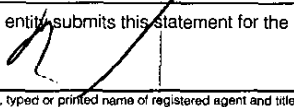
Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ROUSSO, MARK E
 2875 N.E. 191 STREET, PH3A
 AVENTURA FL 33180

7. Name and Address of New Registered Agent
 Name: MARK E. ROUSSO, ESQ.
 Street Address (P.O. Box Number is Not Acceptable):
 3440 HOLLYWOOD BLVD, STE 360
 City: HOLLYWOOD FL Zip Code: 33021

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:  DATE: 4/26/01
(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,300,000.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
P98000024071	AVENTURA INTERNATIONAL BUSINESS CENTER, INC	2875 N.E. 191 STREET, PH3A	AVENTURA FL 33180

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
3440 HOLLYWOOD BLVD, STE 360	HOLLYWOOD, FL 33021

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4/26/01 Daytime Phone #: 954 322-4280

CR2E003 (11/00)