

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000725**

FILED

1. Entity Name

AVENTURA INTERNATIONAL BUSINESS CENTER, LTD.

02 MAY -6 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD FL 33021**

Mailing Address
**3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD FL 33021**



2. Principal Place of Business
1986 NE 149TH ST

3. Mailing Address
1986 N.E. 149TH STREET

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
N. MIAMI, FL

City & State
N. MIAMI, FL

4. FEI Number **65-0850932**

Applied For Not Applicable

Zip **33181** Country **US**

Zip **33181** Country **US**

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

**ROUSSO, MARK E ESQ.
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD FL 33021**

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

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

10. Amount of Capital Contributions in FLORIDA to date. **\$1,300,000.00**

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 #	P98000024071
NAME	AVENTURA INTERNATIONAL BUSINESS CENTER, INC
STREET ADDRESS	3440 HOLLYWOOD BLVD., STE. 360
CITY-ST-ZIP	HOLLYWOOD FL 33021
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	
CITY-ST-ZIP	000005558610--1
STREET ADDRESS	-05/20/02--01010--016
CITY-ST-ZIP	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED** **5-01-02** **305-940-0106**

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

01000000
AV
CR2E003 (9/01)