

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001959

1. Entity Name
MARTINEZ FAMILY INVESTMENTS LIMITED

Principal Place of Business
**2700 SW 130 AVE.
MIAMI, FL 33175**

Mailing Address
**2700 SW 130 AVE.
MIAMI, FL 33175**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**ADAMS, FRANK T
825 41ST STREET, 2ND FLOOR
MIAMI BEACH, FL 33140**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 1:33

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0966373

Applied For
 Not Applicable

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

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. **2,500,000.**

10. Amount of Capital Contributions in FLORIDA to date. **2,195,758.**

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 # A99000001959	STREET ADDRESS	CITY-ST-ZIP	800003286408--6
NAME			06/13/00-01024--013
STREET ADDRESS			***526.25 ***526.25
CITY-ST-ZIP			
DOCUMENT # P99000053629	STREET ADDRESS	CITY-ST-ZIP	
NAME MARTINEZ FAMILY INVESTMENT, INC			
STREET ADDRESS 2700 SW 130 AVE.			
CITY-ST-ZIP MIAMI FL 33175			
DOCUMENT #	STREET ADDRESS	CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	STREET ADDRESS	CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	STREET ADDRESS	CITY-ST-ZIP	
NAME			
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  **JOSE R. MARTINEZ** **4/28/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
PRESIDENT **305-553-9873**

CR2E003 (9/99)