

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000688

1. Entity Name

BYRONAIR APARTMENTS, LTD.

FILED

00 MAR 27 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1882 BRICKELL AVE.
MIAMI FL 33129

Mailing Address

1882 BRICKELL AVE.
MIAMI FL 33129-1623

2. Principal Place of Business

260 Crandon Blvd

Suite, Apt. #, etc.

#8

3. Mailing Address

260 Crandon Blvd.

Suite, Apt. #, etc.

#8

DO NOT WRITE IN THIS SPACE

City & State

KEY BISCAYNE, FL

City & State

KEY BISCAYNE, FL

4. FEI Number

65-0421227

Applied For

Not Applicable

Zip

33149

Country

U.S.

Zip

33149

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARBER, HAROLD M

12000 BISCAYNE BLVD #806

MIAMI FL 33181

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$200,000.00

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 # P93000041702
NAME LA FRONTERA INVESTMENTS, INC.
STREET ADDRESS 1882 BRICKELL AVE.
CITY - ST - ZIP MIAMI FL 33129

13. ADDRESS CHANGES ONLY

STREET ADDRESS

260 Crandon Blvd #8

CITY - ST - ZIP

KEY BISCAYNE, FL 33149

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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NAME

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

EDUARDO FERNANDEZ

Date

3/20/00

Daytime Phone #

365-3673

CR2E003 (9/99)