

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29179**

1. Entity Name
AMERICAN EQUITIES LTD. NO.6

Principal Place of Business
**2300 CORAL WAY
SUITE 200. CANTELOP BLDG
MIAMI FL 33145**

Mailing Address
**2300 CORAL WAY
SUITE 200. CANTELOP BLDG
MIAMI FL 33145-3511**

FILED
00 APR 18 AM 9:20
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

1717 N. Bayshore Drive
Suite, Apt. #, etc.
Suite 208
City & State

Miami, Florida
Zip
33132 Country
USA

3. Mailing Address

1717 N. Bayshore Drive
Suite, Apt. #, etc.
Suite 208
City & State

Miami, Florida
Zip
33132 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0162209**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY, STE. 200, CANTELOP BLDG.
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
S & K PROPERTY MANAGEMENT INC.
Street Address (P.O. Box Number is Not Acceptable)
1717 No. BAYSHORE DRIVE
SUITE 208
City
MIAMI **FL** Zip Code
33132

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 *Lidia Cartaya* **LIDIA CARTAYA, VICEPRES.**

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

(NOTE: Registered Agent signature required when reinstating)

3-31-00
DATE

9. Capital Contributions
as Shown on record.

\$180,000.00

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 # **M55650**
NAME **UPSIDE, INC.**
STREET ADDRESS **2300 CORAL WAY, CANTELOP BLDG., STE. 200**
CITY - ST - ZIP **MIAMI FL 33145**

DOCUMENT #
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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **1717 No. BAYSHORE DRIVE, SUITE # 208**
CITY - ST - ZIP **MIAMI, FL 33132**

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS **400003225374---8**
-04/26/00--01032--003
CITY - ST - ZIP *******8.75 *****8.75**

STREET ADDRESS **400003225374---8**
-04/26/00--01032--010
CITY - ST - ZIP *******526.25 *****526.25**

STREET ADDRESS
CITY - ST - ZIP *dec*

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

BY **LIDIA CARTAYA, SECRETARY OF**
GENERAL PARTNERSHIP.

SIGNATURE: *Lidia Cartaya* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/00 Date **(305) 854-1040** Daytime Phone #

CR2E003 (9/99)