

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001666  
1. Entity Name  
BISCAYNE JOINT VENTURE LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -2 PM 1:33

Principal Place of Business  
200 SOUTH BISCAYNE BLVD., SUITE 4815  
MIAMI FL 33131

Mailing Address  
200 SOUTH BISCAYNE BLVD., SUITE 4815  
MIAMI FL 33131-2303



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip Country

Zip Country

4. FEI Number 65-0714422

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SALUSSOLIA, PIERO  
200 SOUTH BISCAYNE BLVD., SUITE 4815  
MIAMI FL 33131

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. \$552,500.00

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
P96000072831	D.S. BISCAYNE, INC.	200 SOUTH BISCAYNE BLVD., SUITE 4815	MIAMI FL 33131

13. ADDRESS CHANGES ONLY

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: Stefania Bologna 04/20/00 (305)373-7016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Assistant Secretary Date Daytime Phone #