2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # · A01000000247

FILED

02 MAY 15 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

BERAJA INVESTMENTS, LTD.

Principal Place of Business	Mailing Address
2550 DOUGLAS ROAD. FIRST FLOOR CORAL GABLES FL 33134-6126	2550 DOUGLAS ROAD. FIRST FLOOR CORAL GABLES FL 33134-6126

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 65-1085476 ☐ Applied For ☐ Not Applicable

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
LEVIN, STANTON G ESQ. C/O LEVIN & ANDRESS 1570 MADRUGA AVE., SUITE #311 CORAL GABLES FL 33146	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
7,473,663	7,473,663	

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 #	P01000016889	STREET ADDRESS	
NAME	BERAJA INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	2550 DOUGLAS ROAD, FIRST FLOOR		900005622999--1
CITY-ST-ZIP	CORAL GABLES FL 33134-6126		-05/29/02--01017--002
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CITY-ST-ZIP			

CR2E003 (9/01)

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 04-02-02 305-443-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #