

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000045

1. Entity Name

BROWARD LAKES BUSINESS VENTURES, LTD.

Principal Place of Business

2500 WESTON ROAD, SUITE 105
WESTON FL 33331

Mailing Address

2500 WESTON ROAD, SUITE 105
WESTON FL 33331

2. Principal Place of Business

1820 N. Corporate Lakes

3. Mailing Address

1820 N. Corporate Lakes

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

FILED LF

02 APR 24 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

USA

Zip

33326

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

65-0977178

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, FERNAN
2500 WESTON ROAD, SUITE 105
WESTON FL 33331

7. Name and Address of New Registered Agent

Name Fernan Restrepo

Street Address (P.O. Box Number is Not Acceptable)

1820 N. Corporate Lakes Suite 304

City Weston

FL Zip Code 33326

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

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

13.

ADDRESS CHANGES ONLY

DOCUMENT # P99000093041
NAME BROWARD LAKES BUSINESS VENTURES, INC.
STREET ADDRESS 2500 WESTON ROAD, SUITE 105
CITY-ST-ZIP WESTON FL 33331

STREET ADDRESS

CITY-ST-ZIP

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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:

*for Broward Lakes
Business Ventures Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/02

Date

Daytime Phone #

CR2E003 (9/01)

01416 AT
100