

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A00000000045

1. Entity Name

**BROWARD LAKES BUSINESS VENTURES,
LTD.**



FILED

2003 AUG 22 AM 10: 21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1003 Shotgun Rd.

3. Mailing Address

1003 Shotgun Rd.

DUE BY MAY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number
65-0977178

Applied For

Not Applicable

Zip
33326

Country
USA

Zip
33326

Country
USA

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

7. Name and Address of Current Registered Agent

Name
Fernan Restrepo

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

1003 Shotgun Rd

City
Sunrise

FL

Zip Code
33326

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

06/19/03

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 FL. 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

P990000 93041

Broward Lakes Business Ventures Inc

1003 Shotgun Rd Sunrise FL 33326

STREET ADDRESS

CITY - ST - ZIP

200021761112

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

06/19/03

DATE

(954) 476 0813

DAYTIME PHONE #

STAPLE CHECK HERE

CR2E003B (12/02)