

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009025 AF

DOCUMENT # A00000000909

1. Entity Name

DEBUYS PROPERTY INVESTMENT GROUP, LTD.

Principal Place of Business

11 SENECA ROAD  
SEA RANCH LAKES FL 33308

Mailing Address

P.O. BOX 3815  
LANTANA FL 33462

FILED

01 MAR 14 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

11 SENECA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEA RANCH LAKES, FL

4. FEI Number

650097986

Applied For

Not Applicable

Zip

Country

Zip

33308

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABRIEL, ALAN L ESQ.  
INTERNATIONAL BUILDING, PENTHOUSE EAST  
2455 EAST SUNRISE BLVD.  
FORT LAUDERDALE FL 33304

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.

\$2,800,000.00

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 # P00000036456  
NAME MJP LOX CORP.  
STREET ADDRESS 11 SENECA ROAD  
CITY-ST-ZIP SEA RANCH LAKES FL 33308

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MANFRED FRANZ

3/08/01

Date

954 786 1714

Daytime Phone #

CR2E003 (11/00)