

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001427 AV

**DOCUMENT # A00000001694**  
 1. Entity Name  
**CARLOS PROPERTIES, LTD.**

**FILED**  
**02 MAR 25 PM 3: 15**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: **999 PONCE DE LEON BLVD., STE. 1000 CORAL GABLES FL 33134**  
 Mailing Address: **999 PONCE DE LEON BLVD., STE. 1000 CORAL GABLES FL 33134**

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

**DUE BY MAY 1, 2002**  
 4. FEI Number: **65-1060399**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CARLOS, THOMAS P**  
**C/O CARLOS WILLARD & FLANAGAN, P.A.**  
**999 PONCE DE LEON BLVD., SUITE 1000**  
**CORAL GABLES FL 33134**

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. DATE

9. Capital Contributions as Shown on record: **\$20,000,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date: **13,812,000**  
 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 #	<b>P00000103942</b>
NAME	<b>CARLOS PROPERTIES, INC.</b>
STREET ADDRESS	<b>999 PONCE DE LEON BLVD., SUITE 1000</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

**100005181241--9**  
**-04/02/02--01012--006**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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:** *Thomas P. Carlos* **1/14/02** **305-444-1500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)