

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001764

1. Entity Name

C.B. HOLDINGS, LTD.

Principal Place of Business

8400 N.E. 10TH AVENUE  
MIAMI FL 33138

Mailing Address

8400 N.E. 10TH AVENUE  
MIAMI FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 SEP 25 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 26, 2001

4. FEI Number

65-1057654

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

THOMSON, JOHN M ESQ.  
370 MINORCA AVENUE, SUITE ONE  
CORAL GABLES FL 33134

Name

Dr. - Robert - Bizzell

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

8400 NE 10 Ave

City

Miami

FL

Zip Code

33138

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

Dr. Robert Bizzell

9/10/01

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.

~~\$0,000,000.00~~

10. Amount of Capital Contributions  
in FLORIDA to date.

2,622,500

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 # P00000097522  
NAME BRYAN PROPERTY MANAGEMENT, INC.  
STREET ADDRESS 8400 N.E. 10TH AVENUE  
CITY-ST-ZIP MIAMI FL 33138

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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STREET ADDRESS

CITY-ST-ZIP

700004623327-9  
10/04/01-01046-015  
\*\*\*\*\*926.25 \*\*\*\*\*926.25

700004623327-9  
10/04/01-01046-016  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

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 Robert Bizzell

9/10/01

305-754-4153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)

STAPLE CHECK HERE