

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003791 AF

DOCUMENT # **A00864**

1. Entity Name

ATLANTIC INVESTORS OF MIAMI, LTD.

FILED

00 APR -5 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
701 BRICKELL AVENUE  
SUITE 1400  
MIAMI FL 33131

Mailing Address  
701 BRICKELL AVENUE  
SUITE 1400  
MIAMI FL 33131-2820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1031094**

Applied For  
Not Applicable

Zip Country

Zip Country

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

PITTS, W. DOUGLAS  
701 BRICKELL AVENUE  
SUITE 1400  
MIAMI FL 33131

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$72,587.48**

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 # **361025**  
NAME **UNIVERSITY LAKES, INC.**  
STREET ADDRESS **701 BRICKELL AVE. S-1400**  
CITY - ST - ZIP **MIAMI FL**

STREET ADDRESS  
CITY - ST - ZIP

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
*Douglas W. Pitts, Treasurer*

*1/11/00*  
Date

*305-379-8467*  
Daytime Phone #

CR2E003 (9/99)