

# 2002 UNIFORM BUSINESS REPORT (UBR)

001172 AV

**DOCUMENT #** A01000000166  
**1. Entity Name**  
 BISCAYNE DESIGN, LTD.

**FILED**  
 02 MAY -1 PM 1:11  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**Principal Place of Business**      **Mailing Address**  
 1632 PENNSYLVANIA AVE.      1632 PENNSYLVANIA AVE.  
 MIAMI BEACH FL 33139      MIAMI BEACH FL 33139



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

**DUE BY MAY 1, 2002**  
**4. FEI Number** 65-1081014      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 ROBINS, CRAIG  
 1632 PENNSYLVANIA AVE.  
 MIAMI BEACH FL 33139

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions as Shown on record.** \$335,000.00      **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	
DOCUMENT #	P01000010954
NAME	BISCAYNE DESIGN, INC.
STREET ADDRESS	1632 PENNSYLVANIA AVE.
CITY-ST-ZIP	MIAMI BEACH FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	800005505308--8 -05/13/02--01015--022 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *Biscayne Design, Inc. General Partner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date: 4/5/02      Daytime Phone #: 305/531-8700

CR2E003 (9/01)