

2002 UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # A01000000247

1. Entity Name

BERAJA INVESTMENTS, LTD.

FILED

02 MAY 15 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2550 DOUGLAS ROAD, FIRST FLOOR
CORAL GABLES FL 33134-6126

Mailing Address

2550 DOUGLAS ROAD, FIRST FLOOR
CORAL GABLES FL 33134-6126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-1085474

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

LEVIN, STANTON G ESQ.

C/O LEVIN & ANDRESS

1570 MADRUGA AVE., SUITE #311

CORAL GABLES FL 33146

Name

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

City

FL

Zip Code

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.

7,473,663

10. Amount of Capital Contributions
in FLORIDA to date.

7,473,663

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 # P01000016889
NAME BERAJA INVESTMENTS, INC.
STREET ADDRESS 2550 DOUGLAS ROAD, FIRST FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134-6126

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-02-02 305-443-7070

Date

Daytime Phone #

CR2E003 (9/01)