

2001 UNIFORM BUSINESS REPORT (UBR)

0004274 A

DOCUMENT # **A02865**

1. Entity Name

FLORIDA INTERNATIONAL PARTNERS #1, LTD.

Principal Place of Business

**2801 PONCE DE LEON BLVD.
9TH FLOOR, ATTN: HUNT
CORAL GABLES FL 33134**

Mailing Address

**2801 PONCE DE LEON BLVD.
9TH FLOOR, ATTN: HUNT
CORAL GABLES FL 33134**

2. Principal Place of Business

1029 HARDEE ROAD

Suite, Apt. #, etc.

CORAL GABLES FL

City & State

3. Mailing Address

1029 HARDEE RD.

Suite, Apt. #, etc.

CORAL GABLES FL

City & State

Zip

Country

33146

USA

Zip

33146

Country

USA

4. FEI Number

59-1740305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUNT, RICHARD H JR ESQ.
600 BILTMORE WAY
SUITE 418
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **CROMWELL A. ANDERSON**

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

1029 HARDEE ROAD

City

CORAL Gables

FL

Zip Code

33146

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

Cromwell A. Anderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

9. Capital Contributions
as Shown on record.

\$396,675.28

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

**HUNT, RICHARD H JR ESQ
2801 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**REIZEN, RICHARD
1954 N.E. 151ST ST.
N. MIAMI FL**

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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

FIP #1 Inc

SIGNATURE:

Cromwell A. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/01

Day

305-667-0828

Daytime Phone #

CR2E003 (11/00)