

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A03841**

1. Entity Name

2699 BISCAYNE BOULEVARD, LTD.

FILED

00 JAN 27 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8309 SW 142 AVE. #H107 MIAMI FL 33183	Mailing Address 8309 SW 142 AVE. #H107 MIAMI FL 33183-4061
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-1553054	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

MORENO, MARIA
8309 SW 142 AVE. #H107
MIAMI FL 33183

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$124,700.00	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 #	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	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: **Y SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-24-00 (305) 3869615
Date Daytime Phone #

CR2E003 (9/99)