

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A09388**

1. Entity Name

CUTLER MEADOWS ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% EASTON BABCOCK & ASSOC.
300 GRECO AVE.
CORAL GABLES FL 33146-1811

Mailing Address

% EASTON BABCOCK & ASSOC.
300 GRECO AVE.
CORAL GABLES FL 33146-1811

2. Principal Place of Business

1773 NW 79 AVE

Suite, Apt. #, etc.

3. Mailing Address

1773 NW 79 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2140439

Applied For

Not Applicable

Zip

33126

Country

US

Zip

33126 MIAMI

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, J. ED

300 GRECO AVE.

CORAL GABLES FL 33146-1811

Name

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

1773 NW 79 AVE

City

MIAMI

FL

Zip Code

33126

7. Name and Address of New Registered Agent

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

J. Bell

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

(NOTE: Registered Agent signature required when reinstating)

9-22-00

DATE

9. Capital Contributions as Shown on record.

\$21,073,850.00

10. Amount of Capital Contributions in FLORIDA to date.

< 725,857 >

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 # **V07186**
NAME **BELL PROPERTIES ENTERPRISES, INC.**
STREET ADDRESS **4328 ALTON RD**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

J. Bell

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-22-00

Date

305 599 2780

Daytime Phone #

CR2E003 (5/00)