

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A09527**

1. Entity Name  
**FININVEST INVESTMENTS, A LIMITED PARTNERSHIP**

PAID \$37.50  
8.75

00 FEB 16 PM 2:07<sup>25</sup>

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**240 CRANDON BLVD.  
SUITE 212  
KEY BISCAVAYNE FL 33149**

Mailing Address  
**240 CRANDON BLVD.  
SUITE 212  
KEY BISCAVAYNE FL 33149-1543**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2120819**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KIENE, H J  
240 CRANDON BLVD., #202  
KEY BISCAVAYNE FL 33149**

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. **\$3,161,829.00**

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 # **K27473**  
NAME **TESAURUS HOLDINGS, INC.**  
STREET ADDRESS **240 CRANDON BLVD. #212**  
CITY - ST - ZIP **KEY BISCAVAYNE FL**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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700003156077-7  
-03/03/00--01024--011  
\*\*\*\*\*535.00 \*\*\*\*\*535.00

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** *[Signature]* **JAN 12, 2000** **305-361-2742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)