

# 2002 UNIFORM BUSINESS REPORT (UBR)

UNIFORM  
A1

DOCUMENT # **A11744**

1. Entity Name

**COURY INVESTMENTS, LIMITED**

FILED

02 FEB 21 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MLJH**

Principal Place of Business

**20458 OLD CUTLER ROAD  
MIAMI FL 33189**

Mailing Address

**P.O. BOX 143914  
CORAL GABLES FL 33114**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2173486**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

**MULLER, CHARLES E II  
9350 S. DIXIE HIGHWAY, SUITE 1550  
MIAMI FL 33156**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$12,069,306.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COURY, AMELI  
20458 OLD CUTLER ROAD  
MIAMI FL 33189**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BELL, MARY ANN  
20458 OLD CUTLER ROAD  
MIAMI FL 33189**

STREET ADDRESS  
CITY-ST-ZIP

**800005032678--6  
-03/01/02--01058--027  
\*\*\*\*535.00 \*\*\*\*535.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LAWRENCE, PATRICIA C  
20458 OLD CUTLER ROAD  
MIAMI FL 33189**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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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:

*Amelia Coury*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2-19-02 305-371-2902*  
Date Daytime Phone #

CR2E003 (9/01)