

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A18248**

1. Entity Name  
**FELIX LIMA & ASSOCIATES, LTD. I**

**FILED**

**01 JAN 16 PM 9:59**

*mf*

Principal Place of Business  
~~8360 W. FLAGLER STREET, SUITE 201~~  
~~MIAMI FL 33144~~  
**12601 S.W. 56th Street**  
**Miami, Florida 33175**

Mailing Address  
~~8360 W. FLAGLER STREET, SUITE 201~~  
~~MIAMI FL 33144~~  
**12601 S.W. 56 Street**  
**Miami, Florida 33175**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

4. FEI Number **59-2508418**  
Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LIMA, FELIX**  
~~8360 W. FLAGLER~~ **12601 S.W. 56th Street**  
~~SUITE 201~~ **Miami, Florida 33175**  
~~MIAMI FL 33144~~

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

9. Capital Contributions as Shown on record. **\$1,032,655.00**

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 **LIMA, FELIX**  
STREET ADDRESS ~~8360 W. FLAGLER, #201~~  
CITY-ST-ZIP ~~MIAMI FL~~

13. ADDRESS CHANGES ONLY  
STREET ADDRESS **12601 S.W. 56th Street**  
CITY-ST-ZIP **Miami, Florida 33175**

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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

SIGNATURE: *[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/12/01** **305/554-7425**  
Date Daytime Phone #

CR2E003 (11/00)