

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # A18967

1. Entity Name
IBERIA APTS., LTD.

01 MAY -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5870 SW 8TH ST #7
MIAMI FL 33144**

Mailing Address
**P.O. BOX 520682
MIAMI FL 33152-682**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2537747

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, PAULA C
5840 S.W. 8TH STREET, SUITE 3
MIAMI FL 33144**

Name
Street Address (P.O. Box Number is Not Acceptable)
500004275615--0
-05/22/01--01027--007
City
******141.25 ****141.25**
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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,950.00**

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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **K95340**
NAME **I.S.L.P. CORPORATION**
STREET ADDRESS **5780 S.W. 8TH STREET STE.7**
CITY-ST-ZIP **MIAMI FL**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/2001 Date
305-261-2600 Daytime Phone #

CR2E003 (11/00)