

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19130**

1. Entity Name

**FONTANAR PARK LIMITED PARTNERSHIP**

FILED

00 JAN 10 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

540 NW 114TH AVE.  
MIAMI FL 33172

Mailing Address

540 NW 114TH AVE.  
MIAMI FL 33172-3538

2. Principal Place of Business

3. Mailing Address

6039 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1537

City & State

City & State  
Miami Beach, FL

4. FEI Number

59-2496562

Applied For

Not Applicable

Zip

Country

Zip

33140

Country

USA

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

CARRODEGUAS, VICENTE  
540 N.W. 114TH AVENUE  
MIAMI FL 33172

Name

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

6039 Collins Ave #1537

Miami Beach, FL 33140

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

*[Signature]*

Vicente Carrodegua

1/4/2000

9. Capital Contributions  
as Shown on record.

\$2,100.00

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

ZALDIVAR, FIDEL  
540 N.W. 114TH AVENUE  
MIAMI FL 33172

STREET ADDRESS  
CITY - ST - ZIP

100003096761--5  
-01/12/00--01099--016  
\*\*\*\*150.00 \*\*\*\*150.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P94000090568  
DEKARON CORPORATION  
540 N.W. 114TH AVENUE  
MIAMI FL 33172

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Signature]* FIDEL A. ZALDIVAR 1/4/2000 (305) 223-2759

Date

Daytime Phone #

FORM 1001 (2000)