

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20173**

1. Entity Name

**ARAMA LIMITED**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 19 PM 4:29

*my*

Principal Place of Business

2307 DOUGLAS RD.  
STE 401  
MIAMI FL 33145

Mailing Address

2307 DOUGLAS RD.  
STE 401  
MIAMI FL 33145-3057



2. Principal Place of Business

**2103 CORAL WAY**

Suite, Apt. #, etc.

**SUITE 202**

City & State

**MIAMI, FLA.**

3. Mailing Address

**2103 CORAL WAY**

Suite, Apt. #, etc.

**SUITE 202**

City & State

**MIAMI, FLA.**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2504335**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JIMENEZ, MARIO R.**  
**2307 S. DOUGLAS ROAD**  
**SUITE 401**  
**MIAMI FL 33145**

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

**APR 27 2000**

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.

**\$96.00**

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 **JIMENEZ, MARIO**  
STREET ADDRESS **2307 DOUGLAS ROAD**  
CITY - ST - ZIP **MIAMI FL**

DOCUMENT #  
NAME **BORR, RAY**  
STREET ADDRESS **2307 DOUGLAS ROAD**  
CITY - ST - ZIP **MIAMI FL**

DOCUMENT #  
NAME **MARTINEZ, ARISTIDES**  
STREET ADDRESS **2307 DOUGLAS ROAD**  
CITY - ST - ZIP **MIAMI FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**700003301917--8**  
**-06/22/00--01103--003**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*c/15/00*