

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

Zip
33145

Country
DALE

Zip
33145

Country
DALE

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]

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY - ST - ZIP
700003301917--8
-06/22/00--01103--003
******150.00 ****150.00**

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

STREET ADDRESS
CITY - ST - ZIP

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

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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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:

SIGNATURE REQUIRED

[Signature]

c/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #