

2000 UNIFORM BUSINESS REPORT (UBR)

COMPLETION

DOCUMENT # A20892

1. Entity Name
C.J.F. GRAVOISE LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 17 AM 11:43

Principal Place of Business
**6915 RED ROAD
SUITE 211
CORAL GABLES FL 33143**

Mailing Address
**6915 RED ROAD
SUITE 211
CORAL GABLES FL 33143-3654**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2594366**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**VALENTI, CHARLES JR.
6915 RED ROAD
SUITE 211
CORAL GABLES FL 33143**

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

9. Capital Contributions as Shown on record. **\$475.00**

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 # | H73352 | STREET ADDRESS | | |
| NAME | GRAVOISE MANAGEMENT CORP | CITY - ST - ZIP | | |
| STREET ADDRESS | 6915 RED ROAD, SUITE 211 | | | |
| CITY - ST - ZIP | CORAL GABLES FL | | | |
| DOCUMENT # | | STREET ADDRESS | | |
| NAME | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | | |
| DOCUMENT # | | STREET ADDRESS | | |
| NAME | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | | |
| DOCUMENT # | | STREET ADDRESS | | |
| NAME | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | | |
| DOCUMENT # | | STREET ADDRESS | | |
| NAME | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | | |

100003239091--5
-05/03/00--01160--008
****141.25 ****141.25

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** **Jonathan** **3/22/00** **(305) 284-9966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)