

2000 UNIFORM BUSINESS REPORT (UBR)

NY 11111

DOCUMENT # A21516

1. Entity Name
FIRC LAKES DEVCO, LTD.

FILED
00 MAY -2 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2299 DOUGLAS ROAD 4TH FLOOR MIAMI FL 33145	Mailing Address 2299 DOUGLAS ROAD 4TH FLOOR MIAMI FL 33145-3046
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2793069	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FRAGA, ANTONIO O.
2299 S.W. 37TH AVENUE, 4TH FLOOR
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.

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

9. Capital Contributions as Shown on record **\$7,500.00**

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 #	FRAGA, ANTONIO O.
NAME	2299 DOUGLAS ROAD 4TH FL
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	651835
DOCUMENT #	FIRC MANAGMENT, INC.
NAME	2299 DOUGLAS ROAD 4TH FL
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	600003287186--9
STREET ADDRESS	-06/13/00--01066--007
CITY - ST - ZIP	****141.25 ****141.25

CP2E003 (9/99)

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** **JURED**

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