

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # A22652

1. Entity Name
BUENAVENTURA LAKES SHOPPING CENTER, LTD.



FILED
03 APR 22 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**550 BILTMORE WAY #1110
CORAL GABLES FL 33134**

Mailing Address
**550 BILTMORE WAY #1110
CORAL GABLES FL 33134**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4/22

DUE BY MAY 1, 2003

4. FEI Number **59-2757978**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ECKSTEIN, BERNARD
550 BILTMORE WAY
#1110
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name: **Rosa Eckstein Schechter**

Street Address (P.O. Box Number is Not Acceptable)
550 Biltmore Way, STE 1110

City **Coral Gables** **FL** Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **4/11/03**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$10.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # | M32158 |
| NAME | BUENAVENTURA LAKES SHOPPING CENTER, INC. |
| STREET ADDRESS | 550 BILTMORE WAY, #1110 |
| CITY-ST-ZIP | CORAL GABLES FL 33134 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|----------------|--------------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 300016678203 |
| CITY-ST-ZIP | 04/22/03--01071--019 **141.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| 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: **4/7/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Bernard Eckstein** **(305) 461-2440**
President. Date Daytime Phone #

CR2E003 (10/02)