

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000466 AT

DOCUMENT # **A23513**

1. Entity Name
COMMODORE RENTALS, LTD.



FILED

03 JUL 16 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3120 KIRK ST.
MIAMI FL 33133**

Mailing Address
**100 N. BISCAYNE BLVD., #3000
MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number **59-2740508**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEYDASCH, AXEL
100 NO. BISCAYNE BLVD., STE. 3000
MIAMI FL 33132**

Name
HEYDASCH, Axel
Street Address (P.O. Box Number is Not Acceptable)
One SE 3rd Ave., Ste. 1860
City **Miami** FL Zip Code **33131**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$467,415.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M40525**
NAME **COMMODORE INTERNATIONAL REALTY INC.**
STREET ADDRESS **3120 KIRK ST.**
CITY-ST-ZIP **MIAMI FL 33133**

STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)