

2000 UNIFORM BUSINESS REPORT (UBR)

00056-45 A:

DOCUMENT # **A26837**

1. Entity Name

F.M. 15, LTD.

FILED

00 JAN 13 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

7846 CORAL WAY, #440
MIAMI FL 33155

Mailing Address

9994 SW 31 TERR.
MIAMI FL 33165-2961

2. Principal Place of Business

175 Fountainblue Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 2-E

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-0074999

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33172

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRIZ, ARMANDO
9994 SW 31 TERR
MIAMI FL 33165

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 **Armando Berriz, Pres & R.E**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/2000

9. Capital Contributions
as Shown on record.

\$859,833.00

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 # **M89644**
NAME **F.M. 15, CORP.**
STREET ADDRESS **7846 CORAL WAY #440**
CITY - ST - ZIP **MIAMI FL 33155**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

Fountainblue Blvd. Suite 2-E

CITY - ST - ZIP

Miami, Florida, 33172

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

SIGNATURE REQUIRED
Armando Berriz

1/5/2000

305-553-0581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)