

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27413**

1. Entity Name

**GARDENS OF MIAMI LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

Principal Place of Business

16241 NW 48 AVE.  
MIAMI FL 33014

Mailing Address

19355 NE 36TH CT.  
TS-CD  
AVENTURA FL 33180-2577



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0093325**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BESSO, MICHEL**  
**19355 NE 36 CT**  
**APT TS-CD**  
**AVENTURA FL 33180**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$975,000.00**

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 # **K18850**  
NAME **EQUINVEST CORP.**  
STREET ADDRESS **2001 NE 214 TERRACE**  
CITY - ST - ZIP **N. MIAMI BEACH FL**

DOCUMENT # **K42849**  
NAME **RESPRO INVESTMENT GROUP**  
STREET ADDRESS **9200 S DADELAND BLVD., STE. 100**  
CITY - ST - ZIP **MIAMI FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **19355 NE 36 CT Apt TS-CD**  
CITY - ST - ZIP **AVENTURA, FL 33180**

STREET ADDRESS **141 NE 3rd Avenue 10 Floor**  
CITY - ST - ZIP **Miami, FL 33132**

STREET ADDRESS **7000003251487--2**  
CITY - ST - ZIP **-05/12/00--01140--007**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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**  
**Equinvest Corp General Partner 4-14-00** (205) 620 1851 x1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #