

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27455**

1. Entity Name
BETTINA DI CAPRI, LTD.

FILED

00 MAY 16 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**87 VIA MIZNER
PALM BEACH FL 33480**

Mailing Address
**87 VIA MIZNER
PALM BEACH FL 33480-4610**

2. Principal Place of Business
925 ALGARINGO AVE
Suite, Apt. #, etc.

3. Mailing Address
cb Lucia D. MESKE
Suite, Apt. #, etc.
925 ALGARINGO AVE

City & State
CORAL GABLES FL

City & State
CORAL GABLES, FL

Zip
33134

Country
U.S.A.

Zip
33134

Country
U.S.A.

4. FEI Number **65-0087699**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DESIDERIO, RENATO
5596 N. OCEAN RIDGE
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

Name **LUCIA DESIDERIO MESKE**

Street Address (P.O.-Box Number is Not Acceptable)
925 ALGARINGO AVE.

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.

SIGNATURE *Lucia Desiderio Meske* **4/20/2000**
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. **\$900,000.00**

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 #	DESIDERIO, RENATO
NAME	5596 N. OCEAN BLVD. (AMENDMENT)
STREET ADDRESS	OCEAN RIDGE FL (ENCLOSED)
CITY - ST - ZIP	925 ALGARINGO AVE. 33134
DOCUMENT #	EMD HOLDINGS, INC.
NAME	925 ALGARINGO AVE.
STREET ADDRESS	CORAL GABLES, FL 33134
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	100003253821-6
CITY - ST - ZIP	-05/16/00--01008--015
STREET ADDRESS	*****526.25 *****526.25
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** *Renato Desiderio* **EMD Holdings by** **4/27/2000 (305) 444-4199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Lucia Desiderio Meske* Daytime Phone #