

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27455**

1. Entity Name

**BETTINA DI CAPRI, LTD.**

Principal Place of Business

% LUDIA D. MESKE  
925 ALGARINHO AVENUE  
CORAL GABLES FL 33134

Mailing Address

% LUDIA D. MESKE  
925 ALGARINHO AVENUE  
CORAL GABLES FL 33134

FILED

02 APR 17 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

% LUCIA D. MESKE

3. Mailing Address

% LUCIA D. MESKE

Suite, Apt. #, etc.

3533 PINE HAVEN Circle

Suite, Apt. #, etc.

3533 PINE HAVEN Circle

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

Zip

33431

Country

DUE BY MAY 1, 2002

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

MESKE, LUCIA DESIDERI

925 ALGARINHO AVENUE 3533 PINE HAVEN Circle  
CORAL GABLES FL 33134 BOCA RATON, FL 33431

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.

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 #  
NAME OMEGA PARTNERS  
STREET ADDRESS C/O 954 LAKE WYMAN RD.  
CITY-ST-ZIP BOCA RATON, FL 33431

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800005361488--1  
-04/23/02--01008--021

\*\*\*\*\*526.25 \*\*\*\*\*526.25

STREET ADDRESS

CITY-ST-ZIP

AL

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/2002 (305) 439-0442

Date

Daytime Phone #

CR2E003 (9/01)