

# 2000 UNIFORM BUSINESS REPORT (UBR)

0004933 AF

**DOCUMENT # A28621**  
 1. Entity Name  
**AMERICAN EQUITIES LTD. NO 1**

**FILED**  
 APR 18 AM 9:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**2300 CORAL WAY**  
**SUITE 200, CANTELOP BLDG**  
**MIAMI FL 33145**

Mailing Address  
**2300 CORAL WAY**  
**SUITE 200, CANTELOP BLDG**  
**MIAMI FL 33145-3511**

2. Principal Place of Business  
**1717 N. Bayshore Drive**  
 Suite, Apt. #, etc.  
**Suite 208**  
 City & State  
**Miami, Florida**  
 Zip  
**33132**

3. Mailing Address  
**1717 N. Bayshore Drive.**  
 Suite, Apt. #, etc.  
**Suite 208**  
 City & State  
**Miami, Florida**  
 Zip  
**33132**

Country  
**USA**

4. FEI Number **65-0517705** Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES, INC.**  
**2300 CORAL WAY, CANTELOP BLDG., STE.200**  
**MIAMI FL 33145**

7. Name and Address of New Registered Agent  
 Name  
**S & K PROPERTY MANAGEMENT INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1717 No. BAYSHORE DRIVE**  
**SUITE 208**  
 City  
**MIAMI** **FL** Zip Code  
**33132**

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 *Lidia Cartaya* **LIDIA CARTAYA, VICE-PRES.** DATE **3-31-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$495,000.00**

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 # **M97775**  
 NAME **ALLCONCEPT, INC.**  
 STREET ADDRESS **2300 CORAL WAY, CANTELOP BLDG., STE. 200**  
 CITY - ST - ZIP **MIAMI FL 33145**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **1717 No. BAYSHORE DRIVE, SUITE # 208**

CITY - ST - ZIP **MIAMI, FL 33132**

STREET ADDRESS  
**300003225359-4**  
 CITY - ST - ZIP **-04/26/00--01092--005**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

STREET ADDRESS  
**300003225359-4**  
 CITY - ST - ZIP **-04/26/00--01092--006**  
**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS  
**dec**  
 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: *Lidia Cartaya* **SIGNATURE REQUIRED** Date **3/31/00** Daytime Phone # **(305) 854-1040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)