

2002 UNIFORM BUSINESS REPORT (UBR)

0009804 AT

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

FILED
 02 APR 30 PM 4:22
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJK



Principal Place of Business Mailing Address
 1717 N. BAYSHORE DRIVE, SUITE 208 1717 N. BAYSHORE DRIVE, SUITE 208
 MIAMI FL 33132 MIAMI FL 33132

2. Principal Place of Business 3. Mailing Address
150 Alhambra Circle **150 Alhambra Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 800 **Suite 800**
 City & State City & State
Coral Gables, FL **Coral Gables, FL**

DUE BY MAY 1, 2002
 4. FEI Number Applied For
65-0517705 Not Applicable

Zip Country Zip Country
33134 **USA** **33134** **USA**

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

6. Name and Address of Current Registered Agent
S & K PROPERTY MANAGEMENT, INC.
1717 N. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132

7. Name and Address of New Registered Agent
 Name
S & K Property Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle
Suite 800
 City State Zip Code
Coral Gables **FL** **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 *Lidia Cartaya* **Lidia Cartaya, Vice President** **04/29/02**
Signature, typed or printed name of registered agent and date, if applicable. DATE

9. Capital Contributions as Shown on record. **\$495,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$0.00**

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 STREET ADDRESS CITY-ST-ZIP	M97775 ALLCONCEPT, INC. 1717 NO. BAYSHORE DRIVE, SUITE #208 MIAMI FL 33132
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	150 Alhambra Circle, Suite 800
CITY-ST-ZIP	Coral Gables, FL 33134
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500005509715--3
CITY-ST-ZIP	-05/14/02--01071--033 *****141.25 *****141.25
STREET ADDRESS	500005509715--3
CITY-ST-ZIP	-05/14/02--01071--034 *****8.75 *****8.75
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: *Lidia Cartaya* **SIGNATURE REQUIRED** **Lidia Cartaya, VP** **04/29/02** **(305) 476-0955**
Signature and typed or printed name of signing general partner Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)