

# 2000 UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A28966**

1. Entity Name

**AMERICAN EQUITIES LTD. NO. 4**

**FILED**

**00 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

3. Mailing Address

**1717 N. Bayshore Drive**  
Suite, Apt. #, etc.  
**Suite 208**  
City & State

**Miami, Florida**

Zip **33132** Country **USA**

**Miami, Florida**

Zip **33132** Country **USA**

4. FEI Number **65-0095349**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

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

**LIDIA CARTAYA, VICE-PRES.**

**3-31-00**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$100,000.00**

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

13.

ADDRESS CHANGES ONLY

DOCUMENT # **M55650**  
NAME **UPSIDE, INC.**  
STREET ADDRESS **2300 CORAL WAY, CANTELOP BLDG., STE. 200**  
CITY - ST - ZIP **MIAMI FL 33145**

STREET ADDRESS **1717 No. BAYSHORE DRIVE, SUITE # 208**  
CITY - ST - ZIP **MIAMI, FL 33132**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP  
**600003225376--1**  
**-04/26/00--01092--011**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BY **LIDIA CARTAYA, SECRETARY OF**  
**GENERAL PARTNERSHIP.**

3/31/00

Date (305) 854-1040

CR2E003 (9/99)