

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31172**

1. Entity Name
RICA ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business
**8300 WEST FLAGLER ST., SUITE 250
MIAMI FL 33144**

Mailing Address
**8300 WEST FLAGLER ST., SUITE 250
MIAMI FL 33144-2096**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1915749**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLODNY, MICHAEL
11900 BISCAYNE BLVD., SUITE 620
NORTH MIAMI FL 33181**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,240,215.72**

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 #
NAME **RICCIARDELLI, JOHN L**
STREET ADDRESS **8300 W. FLAGLER ST. #250**
CITY - ST - ZIP **MIAMI FL**

STREET ADDRESS
CITY - ST - ZIP
500003247065 5
-05/10/00--01094--011
*****526.25 ***526.25**

DOCUMENT #
NAME **RICCIARDELLI, DEBBIE**
STREET ADDRESS **8300 W. FLAGLER ST. #250**
CITY - ST - ZIP **MIAMI FL**

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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

JOHN L. RICCIARDELLI
4/17/00 305)226-0000
Date Daytime Phone #

CR2E003 (9/99)