

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32563
1. Entity Name
 FIRK KEY BISCAYNE, LTD

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY - 1. PM 12: 06

Principal Place of Business **Mailing Address**
 2299 DOUGLAS RD., 4TH FLOOR 2299 DOUGLAS RD., 4TH FLOOR
 MIAMI FL 33145 MIAMI FL 33145-3046




2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**

4. FEI Number 65-0314937 **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
 FIRK MANAGEMENT, INC.
 2299 DOUGLAS RD., 4TH FLOOR
 MIAMI FL 33145

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$1,000.00**

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 # 651835
NAME FIRK MANAGEMENT, INC.
STREET ADDRESS 2299 DOUGLAS RD., 4TH FL
CITY - ST - ZIP MIAMI FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME FRAGA, ANTONIO O.
STREET ADDRESS 2299 DOUGLAS RD., 4TH FL
CITY - ST - ZIP MIAMI FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date _____ **Daytime Phone #** _____

CR 21 (0) (07/9)