

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000092**

1. Entity Name
AMDUR INVESTMENTS, LTD.

FILED

02 FEB -6 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3511 BAYSHORE VILLA DRIVE
COCONUT GROVE FL 33133**

Mailing Address
**3511 BAYSHORE VILLA DRIVE
COCONUT GROVE FL 33133**

2. Principal Place of Business
ONE GROVE ISLE DR.

3. Mailing Address
ONE GROVE ISLE DR.

Suite, Apt. #, etc.
APT. 1509

Suite, Apt. #, etc.
APT. 1509

DUE BY MAY 1, 2002

City & State
COCONUT GROVE, FL.

City & State
COCONUT GROVE, FL

4. FEI Number
65-0398380

Applied For
☐ Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

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

**AMDUR, ISABELLE
401 NW 38TH COURT, 2ND FLOOR
MIAMI FL 33126**

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

DATE

9. Capital Contributions
as Shown on record. **\$2,666,200.00**

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 # **V23893**
NAME **AMDUR INVESTMENTS, INC.**
STREET ADDRESS **3511 BAYSHORE VILLA DRIVE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS **ONE GROVE ISLE DR. #1509**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

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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:

ISABELLE AMPUR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-24-02 (305) 649-3000

CR2E003 (9/01)

9990200
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