

2001 UNIFORM BUSINESS REPORT (UBR)

0004913 AF

DOCUMENT # **A93000000240**

1. Entity Name

INTERNATIONAL HOMES ASSOCIATES I, LTD.

FILED

01 MAR 12 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5220 NW 107 AVE
MIAMI FL 33178

Mailing Address

5220 NW 107 AVE
MIAMI FL 33178

2. Principal Place of Business

3232 CORAL WAY
Suite, Apt. #, etc.

3. Mailing Address

3232 CORAL WAY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
59-3166765

Applied For
Not Applicable

Zip
33145

Country
DADE

Zip
33145

Country
DADE

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

STRELITZ, BRIAN L
5220 NW 107 AVE
MIAMI FL 33178

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 0

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 # P93000007647
NAME BRIDORO, INC.
STREET ADDRESS 15800 SW 88 STREET
CITY-ST-ZIP MIAMI FL 33196

STREET ADDRESS 3232 CORAL WAY
CITY-ST-ZIP MIAMI, FL 33145

DOCUMENT # L27354
NAME BELCO CONSTRUCTION CORP.
STREET ADDRESS 11020 N. KENDALL DRIVE, #200
CITY-ST-ZIP MIAMI FL 33176

STREET ADDRESS
CITY-ST-ZIP
400003851374-9
-03/13/01--01117--006
****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE REC Brian L. Strelitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-6-01 305-444-5638

Date

Daytime Phone #

CR2E003 (11/00)