

2000 UNIFORM BUSINESS REPORT (UBR)

U013667 AF

DOCUMENT # A93000000526

1. Entity Name
THE COURTS AT SOUTH BEACH, LTD.

APPROVED
FILED

00 MAR 20 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ny 3129



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11098 BISCAYNE BLVD., SUITE 402 MIAMI FL 33161	Mailing Address 11098 BISCAYNE BLVD., SUITE 402 MIAMI FL 33161-7491
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0416901	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDZOW, MICHAEL
% BEDZOW, KORN & KAN, P.A.
20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 STREET ADDRESS CITY - ST - ZIP	M55492 SOUTH BEACH PARTNERS, INC. 2333 PONCE DE LEON BLVD., SUITE 1104 CORAL GABLES FL 33134	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P93000028542 PACIFIC INTERNATIONAL SOUTH BEACH, INC. 11098 BISCAYNE BLVD., SUITE 402 MIAMI FL 33161	STREET ADDRESS	100003196241--7
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	-04/05/00--01010--015
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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: *Charles Bedzow* **SIGNATURE REQUIRED** Charles Bedzow *2/18/00* 305-891-7987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)