

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000704**

1. Entity Name
PORTO VITA, LTD.

FILED

00 FEB 15 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**701 BRICKELL AVE., SUITE 3150
MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVE., SUITE 3150
MIAMI FL 33131-2828**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0457800**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIDENHOUR, ESTHER
701 BRICKELL AVE., #3150
MIAMI FL 33131**

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

9. Capital Contributions as Shown on record. **\$19,001,000.00**

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 #	P93000045782	STREET ADDRESS	
NAME	TURNBERRY COURT CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	2875 N.E. 191ST STREET, SUITE 400		
CITY - ST - ZIP	AVENTURA FL 33180		
DOCUMENT #	P93000087028	STREET ADDRESS	
NAME	GREEN DEVELOPMENT ASSOCIATES, INC.	CITY - ST - ZIP	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3150		
CITY - ST - ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/7/00 305-372-0550
Date Daytime Phone #

CR2E003 (9/99)