

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000704

1. Entity Name

PORTO VITA, LTD.

FILED

02 JAN 28 PM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

701 BRICKELL AVE., SUITE 3150  
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE., SUITE 3150  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

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

7. Name and Address of New Registered Agent

RIDENHOUR, ESTHER

701 BRICKELL AVE., #3150

MIAMI FL 33131

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.

\$19,001,000.00  
0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

0.00

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  
NAME TURNBERRY COURT CORPORATION  
STREET ADDRESS 2875 N.E. 191ST STREET, SUITE 400  
CITY-ST-ZIP AVENTURA FL 33180

STREET ADDRESS

CITY-ST-ZIP

600004850676--4  
-01/31/02--01050--004

DOCUMENT # P93000087028  
NAME GREEN DEVELOPMENT ASSOCIATES, INC.  
STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3150  
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

\*\*\*\*141.25 \*\*\*\*141.25

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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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/8/02

305-372-0550

CR2E003 (9/01)