

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000927

1. Entity Name

FORT SUMMIT DEVELOPMENTS LTD.

Principal Place of Business  
7525 N.W. 8 STREET, #201  
MIAMI FL 33126

Mailing Address  
7525 N.W. 8 STREET, #201  
MIAMI FL 33126-2914

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 17 AM 11:43

*mg*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0565615

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAGE, GONZALO M  
7525 N.W. 8 STREET  
SUITE 201  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,300,000.00

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CHALBAUD, LUIS RAMON  
520 BRICKELL AVENUE, #1007  
MIAMI FL 33131

STREET ADDRESS

CITY - ST - ZIP

700003229497-00

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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

*R. Chalbaud*  
General Partner

4/12/00 (305) 267-9934  
Date Daytime Phone #

CP2E003 (9/99)