

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000927**

1. Entity Name

FORT SUMMIT DEVELOPMENTS LTD.

APPROVED
AND
FILED

01 APR 27 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**7525 N.W. 8 STREET. #201
MIAMI FL 33126**

Mailing Address

**7525 N.W. 8 STREET. #201
MIAMI FL 33126**

2. Principal Place of Business

6500 N.W. 72 Avenue

3. Mailing Address

6500 N.W. 72 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number

65-0565615

Applied For

Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

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**

NEW

Name
SAME REGISTERED AGENT

Street Address (P.O. Box Number is Not Acceptable)
6500 N.W. 72 Avenue

City
Miami

FL Zip Code
33166

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

**300004195303--2
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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 OF LUIS R. CHALBAUD

4/25/01

NEW (305)/436-9787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0003686 AF

CR2E003 (11/00)