

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 30 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A94000001002**

1. Entity Name  
**WEST BRICKELL APARTMENTS, LTD.**

Principal Place of Business  
**2828 CORAL WAY, 5TH FLOOR  
MIAMI FL 33145**

Mailing Address  
**2828 CORAL WAY, 5TH FLOOR  
MIAMI FL 33145-3214**



DO NOT WRITE IN THIS SPACE

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

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

City & State

4. FEI Number **65-0941544** 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  
**FOSMOEN, RICHARD  
2828 CORAL WAY, 5TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent  
Name **Lynn B. Lewis**  
Street Address (P.O. Box Number is Not Acceptable)  
**Suite 280, E  
1390 Brickell Ave.**  
City **Miami** FL Zip Code **33131**

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. **\$7,012,987.00**

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	
DOCUMENT #	<b>748683</b>
NAME	<b>NEW WORLD CENTER FOUNDATION, INC.</b>
STREET ADDRESS	<b>25 S.E. 2ND AVENUE, SUITE 828</b>
CITY - ST - ZIP	<b>MIAMI FL 33131</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<b>500003204805--5 -04/11/00--01141--004 ***535.00 ***535.00</b>
STREET ADDRESS	
CITY - ST - ZIP	<b>mf 4/7</b>
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: **WILFREDO GARCIA, Chairman** **3/13/00** **305-579-6675**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)