

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001483

1. Entity Name

Biscayne Bay Townhomes, Ltd.

FILED

00 JUN 14 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1492 S. Miami Ave.  
Suite 200  
Miami, FL 33130

Mailing Address

Same

2. Principal Place of Business

1492 S. Miami Ave.  
Suite 200

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0544522

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Loys Charbonnet, III  
1492 S. Miami Ave.  
Suite 200  
Miami, FL 33130

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

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:

\$1,000

10. Amount of Capital Contributions

in FLORIDA to date: \$1,000

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 # P94000070147  
NAME RHYC Development Company  
STREET ADDRESS 1492 S. Miami Ave., Suite 200  
CITY-ST-ZIP Miami, FL 33130

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: Tom Rouse VPRHYC Dev. Co.

4/24/00

305.910-2713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #