

# 2000 UNIFORM BUSINESS REPORT (UBR)

17 11.0007

**DOCUMENT # A95000000416**

1. Entity Name  
**F.M.10, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 FEB 22 AM 10:21

Principal Place of Business  
 1890 S.W. 57 AVE., STE #107  
 MIAMI FL 33155

Mailing Address  
 412 S.E. 33RD ST.  
 CAPE CORAL FL 33904-4110



2. Principal Place of Business  
**1799 S.W. 3rd. Ave.**  
 Suite, Apt. #, etc.  
**MIAMI**  
 City & State  
**Florida**  
 Zip  
**33129** Country  
**Miami-Dade**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0525821** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SENDRA, JOSE A**  
**412 S.E. 33RD STREET**  
**CAPE CORAL FL 33904**

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. **\$225,000.00**

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 # P95000004353	NAME F.M.10, INC.	STREET ADDRESS 400003155864--2	
STREET ADDRESS 1890 SW 57 AVE., #107		CITY - ST - ZIP -03/03/00--01013--019	
CITY - ST - ZIP MIAMI FL 33155		****526.25 ****526.25	
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CR2E003 (9/99)

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]* **SIGNATURE REQUIRED** Date 2/16/00 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER