

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000833**

1. Entity Name

**TRAFALGAR ASSOCIATES OF AVENTURA, LTD.**

Principal Place of Business

**6505 BLUE LAGOON DR., STE. 250  
MIAMI FL 33126-6001**

Mailing Address

**6505 BLUE LAGOON DR., STE. 250  
MIAMI FL 33126-6011**

2. Principal Place of Business

**701 Waterford Way**

3. Mailing Address

**701 Waterford Way**

Suite, Apt. #, etc.  
**Ste 110**

Suite, Apt. #, etc.  
**Ste 110**

City & State

**Miami, FL 33126**

City & State

**Miami, FL 33126**

4. FEI Number

**65-0595508**

Applied For

Not Applicable

Zip

**33126**

Country

**USA**

Zip

**33126**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CACICEDO, RAMON R JR.,ESQ  
6505 BLUE LAGOON DR., STE. 240  
MIAMI FL 33126-6001**

7. Name and Address of New Registered Agent

Name  
**Jose A. Gonzalez**

Street Address (P.O. Box Number is Not Acceptable)

**701 Waterford Way, Ste 110**

City **Miami**

**FL**

Zip Code  
**33126**

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

**Jose A. Gonzalez 4-28-00**

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.

**\$6,980,000.00**

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

DOCUMENT # **P95000036678**  
NAME **TRAFALGAR ASSOCIATES OF AVENTURA, INC.**  
STREET ADDRESS **6505 BLUE LAGOON DR., STE. 250**  
CITY - ST - ZIP **MIAMI FL 33126-6001**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **701 Waterford Way, Ste 110**

CITY - ST - ZIP **Miami, FL 33126**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**000003291990-4  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**305-265-1771 4-28-00  
Jose A. Gonzalez, VP 4-28-00**

Date

Daytime Phone #

CR2E003 (9/99)

FILED  
00 MAY 10 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE