

# 2000 UNIFORM BUSINESS REPORT (UBR)

2003567 AF

DOCUMENT # **A95000001217**

1. Entity Name  
**OCEAN POINT OF MIAMI LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

*[Handwritten Signature]*



Principal Place of Business  
C/O JACQUES CLAUDIO STIVELMAN  
TWO SO. BISCAYNE BLVD., STE. 2980  
MIAMI FL 33131

Mailing Address  
C/O JACQUES CLAUDIO STIVELMAN  
TWO SO. BISCAYNE BLVD., STE. 2980  
MIAMI FL 33131-1800

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

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

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **65-0609789**  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**STIVELMAN, JACQUES C**  
**TWO SO. BISCAYNE BLVD., SUITE 2980**  
**MAIMI FL 33431**

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 \_\_\_\_\_ 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. **\$250,000.00**  
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 #                      | V09453                            | STREET ADDRESS  | STREET ADDRESS           |  |
| NAME                            | PLANINVEST INC.                   | CITY - ST - ZIP | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | TWO SO. BISCAYNE BLVD., STE. 2980 |                 |                          |  |
| CITY - ST - ZIP                 | MIAMI FL 33131                    |                 |                          |  |
| DOCUMENT #                      |                                   | STREET ADDRESS  | STREET ADDRESS           |  |
| NAME                            |                                   | CITY - ST - ZIP | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                   |                 |                          |  |
| CITY - ST - ZIP                 |                                   |                 |                          |  |
| DOCUMENT #                      |                                   | STREET ADDRESS  | STREET ADDRESS           |  |
| NAME                            |                                   | CITY - ST - ZIP | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                   |                 |                          |  |
| CITY - ST - ZIP                 |                                   |                 |                          |  |
| DOCUMENT #                      |                                   | STREET ADDRESS  | STREET ADDRESS           |  |
| NAME                            |                                   | CITY - ST - ZIP | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                   |                 |                          |  |
| CITY - ST - ZIP                 |                                   |                 |                          |  |
| DOCUMENT #                      |                                   | STREET ADDRESS  | STREET ADDRESS           |  |
| NAME                            |                                   | CITY - ST - ZIP | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                   |                 |                          |  |
| CITY - ST - ZIP                 |                                   |                 |                          |  |

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-04/28/00--01039--022  
\*\*\*\*526.25 \*\*\*\*526.25

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** *[Handwritten Signature]* **4/14/00 (305)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # **358-4090**

163(6) 506 1125 C