

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001381

1. Entity Name

THE APEC PARTNERSHIP, LTD.

Principal Place of Business
1385 CORAL WAY, SUITE 406
MIAMI FL 33145

Mailing Address
1385 CORAL WAY, SUITE 406
MIAMI FL 33145-2941

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0620647

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTON, EDUARDO
1385 CORAL WAY, SUITE 406
MIAMI FL 33145

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.

\$435,582.28

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 # L43215
NAME APEC OF MIAMI, INC.
STREET ADDRESS 10925 N.W. 27TH STREET
CITY - ST - ZIP MIAMI FL 33172

STREET ADDRESS 441 E. DILDO DRIVE
CITY - ST - ZIP MIAMI BEACH, FL 33139

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS 000003216780-1
CITY - ST - ZIP -04/20/00--01070--034
****535.00 ****535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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: **SIGNATURE**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER
Manuel A. Vega, III

FILED
00 APR 11 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)

4/5/2000 (305) 856-1233
Date Daytime Phone #