

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001431

1. Entity Name

MONTY'S ON THE BEACH, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY - 1 PM 1:33

Principal Place of Business

SUITE 1100
2665 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

Mailing Address

% PAT BROWN
5901 S.W. 74 STREET, SUITE 408
MIAMI FL 33143-5164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0608926

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

O'NAGHTEN, JUAN T
2665 SOUTH BAYSHORE DRIVE
SUITE 1100
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

200

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.

\$750,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

750,000.00

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 # P95000073178
NAME MONTY'S ON THE BEACH, INC.
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 1100
CITY - ST - ZIP MIAMI FL 33133

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

200

500003284245--7
-06/12/00--01018--018
****535.00 ****535.00

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:

Manuel P. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vice Pres of Gen Partner

4/27/00

(305)285-0800

Daytime Phone #

CR2E003 (9/99)