

2001 UNIFORM BUSINESS REPORT (UBR)

0004701 AF

DOCUMENT # A96000001024

1. Entity Name
DOMINGUEZ, LTD.

FILED

01 FEB 15 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7911 NOREMAC AVE. MIAMI BEACH FL 33141
Mailing Address: 7911 NOREMAC AVE. MIAMI BEACH FL 33141

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0670169**
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
DOMINGUEZ, DIMAS
7911 NOREMAC AVE.
MIAMI BEACH FL 33141

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. **\$1,568,000.00**

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 #
NAME **DOMINGUEZ, DIMAS**
STREET ADDRESS **7911 NOREMAC AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

STREET ADDRESS
CITY-ST-ZIP **400003744894--7**
-02/21/01--01032--023
*****526.25 ***526.25**

DOCUMENT #
NAME **DOMINGUEZ, CELSO**
STREET ADDRESS **7933 NOREMAC AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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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: *Dimas Dominguez* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** 2/14/01 (305) 864-4380
Date Daytime Phone #

Dimas Dominguez

CP2E003 (11/00)