

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001644

1. Entity Name

VISTA ROSE PARTNERS, LTD.

Principal Place of Business

1 GROVE ISLE DRIVE, SUITE 1202
MIAMI FL 33133-4108

Mailing Address

1 GROVE ISLE DRIVE, SUITE 1202
MIAMI FL 33133-4108

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

59-3376728

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

SCHMIDT, J M
2 GROVE ISLE DRIVE, STE 1208
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

1 GROVE ISLE DRIVE

SUITE 1202

City

COCONUT GROVE

FL

Zip Code

33133

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2000

9. Capital Contributions
as Shown on record.

\$25,000.00

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 # P96000010741
NAME AGRI-VEST INTERNATIONAL, INC.
STREET ADDRESS 810 S.W. 80TH STREET
CITY - ST - ZIP OCALA FL 34474

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

1 GROVE ISLE DRIVE, SUITE 1202
COCONUT GROVE, FL 33133

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Signature] 4/28/00 305-858-8260