

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A97000000413**

1. Entity Name  
**TRG NAPLES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 20 AM 3: 05



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2828 CORAL WAY, PENTHOUSE SUITE  
MIAMI FL 33145**

Mailing Address  
**2828 CORAL WAY, PENTHOUSE SUITE  
MIAMI FL 33145-3214**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0730846**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**HERNANDEZ, ANGEL-A  
C/O TRG NAPLES, INC.  
2828 CORAL WAY, PENTHOUSE SUITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$99.00**

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 # **P97000015077**  
NAME **TRG NAPLES, INC.**  
STREET ADDRESS **2828 CORAL WAY, PENTHOUSE SUITE**  
CITY - ST - ZIP **MIAMI FL 33145**

STREET ADDRESS  
CITY - ST - ZIP **300003243783--9  
-05/09/00--01014--026**

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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 **ANGEL HERNANDEZ  
VICE PRESIDENT**

Date **4/14/00** (305) 460-9900  
Daytime Phone #

FORM 1500 FEB 01