

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000572**

1. Entity Name

**DEMAR ENTERPRISES I LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI FL 33133

Mailing Address  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI FL 33133-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0759399**

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

**WORLD CORPORATE SERVICES, INC.**  
**2665 SOUTH BAYSHORE DRIVE, SUITE 703**  
**MIAMI FL 33133**

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.

**\$100.00**

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 # **P96000097368**  
NAME **DEMAR CAPITAL INVESTMENTS, INC.**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 900**  
CITY - ST - ZIP **MIAMI FL 33133**

STREET ADDRESS **2665 South Bayshore Drive, Suite 703**  
CITY - ST - ZIP **Miami, Florida 33133**

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CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP **500003290025-5**

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CITY - ST - ZIP **05/15/00 01004 004**  
**\*\*\*3440.00 \*\*\*\*\*141.25**

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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 OF SIGNING GENERAL PARTNER**  
**CANDACE MCGREGOR STATION**  
Date **27 March 2000** Daytime Phone # **457-457**

CR2E003 (9/99)