

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004081 AF

DOCUMENT # **A97000000572**

1. Entity Name

**DEMAR ENTERPRISES I LTD.**

Principal Place of Business

**2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI FL 33133**

Mailing Address

**2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI FL 33133**

**01 APR 13 AM 10:22**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1172 So. Dixie Hwy #481**

3. Mailing Address

**One Southeast Third Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Coral Gables,**

City & State  
**Miami, Florida**

4. FEI Number

**65-0759399**

Applied For

Not Applicable

Zip  
**33146**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**COPROLITE CORPORATION**

Street Address (P.O. Box Number is Not Acceptable)  
**ONE SOUTHEAST THIRD AVENUE**

**SUITE 2130**

City  
**MIAMI**

FL

Zip Code  
**33131**

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

*vice president*

*3/29/01*

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

DOCUMENT # **P96000097368**  
NAME **DEMAR CAPITAL INVESTMENTS, INC.**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 703**  
CITY-ST-ZIP **MIAMI FL 33133**

DOCUMENT #  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS **1172 So. Dixie Hwy. #481**

CITY-ST-ZIP **Coral Gables, FL 33146**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

*Candace McGregor Staton*  
**Candace McGregor Staton**

3.27.01

Date

305-669-0001

Daytime Phone #

CR2E003 (11/00)