

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A97000000572**

1. Entity Name  
**DEMAR ENTERPRISES I LTD.**

**FILED**  
01 APR 13 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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

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

2. Principal Place of Business  
**1172 So. Dixie Hwy #481**

3. Mailing Address  
**One Southeast Third Avenue**

Suite, Apt. #, etc.

City & State  
**Coral Gables,**

City & State  
**Miami, Florida**

Zip  
**33146**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

4. FEI Number  
**65-0759399**

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**

**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**

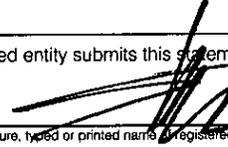
**SUITE 2130**

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  **vice president** **3/29/01**

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.**

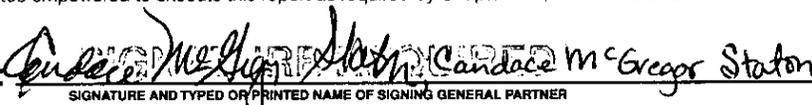
**12. GENERAL PARTNER INFORMATION**

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

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>1172 So. Dixie Hwy. #481</b>
CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
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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  **Candace McGregor Steton** **3.27.01** **305-669-0001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)