

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # A97000000572

1. Entity Name

DEMAR ENTERPRISES I LTD.

02 APR -1 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1172 So. Dixie Hwy

3. Mailing Address

One Southeast Third Ave.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

#481

Suite, Apt. #, etc.

Suite 2130

DUE BY MAY 1

City & State

Coral Gables, FL

City & State

Miami, FL

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

7. Name and Address of Current 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

**DO NOT WRITE  
IN THIS SPACE**

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

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 # P9600007368  
NAME DEMAR CAPITAL INVESTMENTS, INC.  
STREET ADDRESS 1172 So. Dixie Hwy. #481  
CITY-ST-ZIP Coral Gables, FL 33146

STREET ADDRESS

CITY-ST-ZIP

5000005195545-3  
-04/05/02--01051--017  
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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:

*Albert H. Staton, III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

15/3/02 (305) 662-5504  
Date Daytime Phone #

CF2ED035 (12/01)

STAPLE CHECK HERE