

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000915 AV

**DOCUMENT # A97000001028**

1. Entity Name  
**SAUMS 176, LTD.**

FILED  
02 FEB -1 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
777 BRICKELL AVE., SUITE 1390  
MIAMI FL 33131

Mailing Address  
777 BRICKELL AVE., SUITE 1390  
MIAMI FL 33131

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0752409**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FABRE, FRANK R. S**  
**717 PONCE DE LEON BLVD., SUITE 234**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$35,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P95000093762</b> <b>CANYON PROPERTIES, INC.</b> <b>777 BRICKELL AVE., SUITE 1170</b> <b>MIAMI FL 33131</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>777 Brickell Ave</b>
CITY-ST-ZIP	<b>Suite 1390 Miami FL 33131</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700004895807--1</b>
CITY-ST-ZIP	<b>-02/08/02--01013--010</b> <b>****342.50 ****342.50</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: MARIO HENRIQUEZ **Mario Henriquez** 1/30/02 (305) 381-8790

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

CR2E003 (9/01)