

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001692

1. Entity Name

MARINA BAY CLUB LIMITED PARTNERSHIP

Principal Place of Business

1986 N.E. 149TH STREET
NORTH MIAMI FL 33181

Mailing Address

1986 N.E. 149TH STREET
NORTH MIAMI FL 33181-1112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0772565

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

BARTHE, FREDERIC M ESQ.
888 S.E. 3RD AVENUE, STE. 400
FT. LAUDERDALE FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

10,000 -

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 # **P97000066900**
NAME **MARINA BAY CLUB, INC.**
STREET ADDRESS **1986 N.E. 149TH STREET**
CITY - ST - ZIP **NORTH MIAMI FL 33181**

STREET ADDRESS

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FILED
00 MAY 11 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

70.00

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*****158.75 ***158.75**

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LAURIS F. LANGRISH
 Date **4-26-2000** Daytime Phone # **305-940-0106**

CR2E003 (REV. 01/99)