

# 2000 UNIFORM BUSINESS REPORT (UBR)

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V-1-1-1-1-1

**DOCUMENT # A97000002180**

1. Entity Name  
**FLICK INVESTMENTS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 13 PM 1:25

*mf*

Principal Place of Business  
2601 SOUTH BAYSHORE DRIVE, SUITE 1225  
COCONUT GROVE FL 33133

Mailing Address  
2601 SOUTH BAYSHORE DRIVE, SUITE 1225  
COCONUT GROVE FL 33133-5412



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

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

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0789425**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLICK, JERRY G**  
**2601 SOUTH BAYSHORE DRIVE, SUITE 1225**  
**COCONUT GROVE FL 33133**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. **\$40,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000078317</b> <b>FLICK INVESTMENTS, INC.</b> <b>2601 SOUTH BAYSHORE DRIVE, SUITE 1225</b> <b>COCONUT GROVE FL 33133</b>	STREET ADDRESS	
		CITY - ST - ZIP	<b>000003337230--1</b> <b>-07/26/00-01077-014</b> <b>****158.75 ****158.75</b>
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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: *Jerry G. Flick* **JERRY G. FLICK** **6/27/00** **305-859-8484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/99)