

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002467**

1. Entity Name  
**BR & 7, LTD.**

**FILED**  
**Mar 03 2000 8:00 am**  
**Secretary of State**

Principal Place of Business <b>1048 KANE CONCOURSE SUITE 2-B BAY HARBOUR FL 33154</b>	Mailing Address <b>1048 KANE CONCOURSE SUITE 2-B BAY HARBOUR FL 33154-2107</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0798545</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> <b>BR &amp; 7, INC.</b> <b>1048 CONCOURSE</b> <b>SUITE S-B</b> <b>BAY HARBOUR FL 33154</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$230,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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>P97000088764</b> <b>BR &amp; 7, INC.</b> <b>1048 KANE CONCOURSE, SUITE 2-B</b> <b>BAY HARBOUR FL 33154</b>	STREET ADDRESS CITY - ST - ZIP	<b>5555 ANGLERS AVE., SUITE 21</b> <b>Ft. LAUDERDALE, FL 33312</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<i>mf 3/15/00</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>300003172573-9</b> <b>-03/16/00-01063-022</b> <b>***526.25 ***526.25</b>
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CR2E003 (9/99)

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: *Suzanne M. Greaves* **SIGNATURE REQUIRED** 2/28/00 (954) 578-2080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #