

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

10/22
0000290 AT

02 AUG 19 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002534

1. Entity Name

CLUB 1800, LIMITED

Principal Place of Business

5401 COLLINS AVENUE, SUITE #1002
MIAMI BEACH FL 33140

Mailing Address

C/O NELSON LOPEZ
P.O. BOX 11-0267
MIAMI FL 33011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number

22-3341910

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

7. Name and Address of New Registered Agent

LOPEZ, NELSON

5401 COLLINS AVENUE, SUITE #1002
MIAMI BEACH FL 33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

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

LOPEZ, NELSON
5401 COLLINS AVENUE, SUITE #1002
MIAMI BEACH FL 33140

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

MORALES, LISETTE
5401 COLLINS AVENUE, SUITE #1002
MIAMI BEACH FL 33140

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

8/13/01 (305) 868-4472

CR2E003 (4/02)

STAPLE CHECK HERE



305-267-3910

2052

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

April 16, 2002

Club 1800, Limited
5401 Collins Avenue
Miami, FL 33140

Check #: 1027
Check Amount: \$159.00
Screener:

We are returning remittance(s) listed below for the following reasons, as indicated by an X.

☐ Check/Money Order/Document(s) sent to Florida Department of Revenue in error.

☐ Unable to identify – if this remittance is for taxes administered by the Florida Department of Revenue, please enclose appropriate tax return with your tax identification number and return to the address indicated below.

☐ If this is in payment of Federal Taxes, please send to the Internal Revenue Service Center, Atlanta, Georgia 39901.

☐ Your check or money order is not payable to the Florida Department of Revenue and/or is incomplete. Actual payment of taxes cannot be accounted for until this Department receives a correctly completed valid check or money order.

☐ We are returning the attached documentation relating to vehicle title, registration and/or vehicle license tag. The Florida Department of Highway Safety and Motor Vehicle or the local tax collector tag agency should be contacted. You may contact the Florida Department of Highway Safety, Title and Registration at (850) 488-3881.

☐ Postal Damage – Your remittance has been damaged by the postal process. We are returning you damaged property. Please complete and forward the enclosed coupon with your response.

Other:

☒ Florida Partnership Information returns require no check.

Please include this correspondence and any postmarked envelop(s) along with your response to:

Florida Department of Revenue
Return & Revenue Processing
5050 W. Tennessee Street, Building K
Tallahassee, FL 32399-0100

Return was not Successful