

## 2002 UNIFORM BUSINESS REPORT (UBR)

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.

APPROVED  
AND  
FILED.

10/2  
00020290

02 AUG 19 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AT



DUE BY SEPTEMBER 25, 2002

City & State	City & State	4. FEI Number 22-3341910	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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

8/13/02

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
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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	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	4000007309664-2 -08/23/02-01042-008 ****158.75 ****158.75
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DOCUMENT # NAME 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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/13/02 (305) 868-4472

STAPLE CHECK HERE

CR2E003 (4/02)



Jim Zingale  
Executive Director

305-267-3910

2 of 2  
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