

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000754**

1. Entity Name

**THE FOUNTAINS OF FONTAINEBLEAU LTD.**

FILED

01 MAY 16 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**9330 FONTAINEBLEAU BLVD.  
MIAMI FL 33172**

Mailing Address

**9330 FONTAINEBLEAU BLVD.  
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0821755**

Applied For  
Not Applicable

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

**ONAGHTEN, JUAN T  
2665 SOUTH BAYSHORE DRIVE  
1100 GRAND BAY PLAZA  
MIAMI FL 33133**

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

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.

**\$3,000,000.00**

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 # **P98000027329**  
NAME **CANTEL APARTMENT VENTURE I, INC.**  
STREET ADDRESS **782 NORTH LEJUENE ROAD, SUITE 555**  
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT # **P98000027325**  
NAME **DON VENTURE III, INC.**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 1100**  
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS  
CITY-ST-ZIP

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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

**4-30-01**

Date

**(305) 445-2800**

Daytime Phone #

CR2E003 (11/00)