

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0002113 AV

DOCUMENT # **A98000001383**

1. Entity Name
BEN QUEVEDO NO. 1, LTD.

MS

02 APR 25 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**10165 NW 19TH STREET
MIAMI FL 33172**

Mailing Address
**10165 NW 19TH STREET
MIAMI FL 33172**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State

4. FEI Number **65-0841689** 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

**SAXON, KYLE R
169 EAST FLAGLER STREET, SUITE 1700
MIAMI FL 33131**

Name **EDWARD W. EASTON**
Street Address (P.O. Box Number is Not Acceptable)
10165 NW 19 STREET
City **MIAMI** FL Zip Code **33172**

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 **EDWARD W. EASTON** **04/02/2002** **305-593-2222**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$250,000.00** 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 # **P98000046466**
NAME **BEN QUEVEDO, INC.**
STREET ADDRESS **10165 NW 19TH STREET**
CITY-ST-ZIP **MIAMI FL 33172**

STREET ADDRESS
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*******535.00 *****535.00**

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: **EDWARD W. EASTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 2 - 2002 **305-593-2222**
Date Daytime Phone #

CR2E003 (9/01)