

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001442**

1. Entity Name

**FLAMINGO GARDENS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 20 AM 10: 02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8761 SW 133RD ST.  
MIAMI FL 22176

Mailing Address

6817 SW 81ST TERR.  
MIAMI FL 33143

2. Principal Place of Business  
**16739 SW 84th Court**

3. Mailing Address  
**14425 Country Walk Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number

**65-0949264**

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

**DE LA CRUZ, LUIS F**  
**241 SEVILLA AVENUE, SUITE 805**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**Karl J. Schumer, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**9400 S. Dadeland Blvd.**

Suite 600

City

**Miami**

FL

Zip Code

**33156**

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

**/ Karl J. Schumer**

**9/11/2000**

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.

**\$5,025.00**

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 # **P97000066199**  
NAME **G.C. HOMES, INC.**  
STREET ADDRESS **14425 COUNTRY WALK DRIVE**  
CITY-ST-ZIP **MIAMI FL 33136**

STREET ADDRESS

CITY-ST-ZIP

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**09/29/00 01010 032**

**\*\*\*\*541.25 \*\*\*\*541.25**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Karl J. Schumer, Secretary / 9/11/2000 (305) 666-6111**

Date

Daytime Phone #

CR2E003 (5/00)