

2002 UNIFORM BUSINESS REPORT (UBR)

0010096

DOCUMENT # - A98000001442

1. Entity Name
FLAMINGO GARDENS, LTD.

FILED
May 08, 2002 8:00 A.
Secretary of State

Principal Place of Business
**16739 SW 84TH COURT
MIAMI FL 33157**

Mailing Address
**14425 COUNTRY WALK DRIVE
MIAMI FL 33186**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2002

4. FEI Number **65-0949264**

Applied For:
Not Applicable

City & State

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

**SCHUMER, KARL J
120 N.E. 179TH STREET
MIAMI FL 33162-1017**

Name
Street Address (P.O. Box Number is Not Acceptable)
**19495 Biscayne Blvd.
Suite 409**
City **Aventura** **FL** Zip Code **33180**

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 **4/30/02**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record **\$110,000.00**

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

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

13. ADDRESS CHANGES ONLY

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: **4/30/02** **305 466.2411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)