

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A98000002514 **LIMITED PARTNERSHIP ANNUAL REPORT**

**1. Entity Name**  
Century/Doral Chase, Ltd.

**Principal Place of Business** 2460 SW 137th Ave., #243  
Miami, Fl. 33175 ✓  
**Mailing Address** Same

**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** 65-0875194 **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**

Miami Corporate Systems, Inc.  
5200 Blue Lagoon Drive, Suite 700  
Miami, Fl. 33126

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. Capital Contributions** as Shown on record. \$900,000.00

**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 #** P97000011266  
**NAME** Century Management Group, Inc.

**STREET ADDRESS** 901 SW 69th Ave.,  
**CITY-ST-ZIP** Miami, Fl. 33144

**DOCUMENT #** P98000090532  
**NAME** DoralChase Development Corp.

**STREET ADDRESS** 2460 SW 137th Ave., Suite #243  
**CITY-ST-ZIP** Miami, Fl. 33175

**DOCUMENT #**  
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**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/00 305-5594949  
Date Daytime Phone #

Osma Vazquez

FILED

00 MAY -8 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)