

2001 UNIFORM BUSINESS REPORT (UBR)

0003868 AF

DOCUMENT # **A98000002597**

1. Entity Name

CALOR DEVELOPMENT, LTD.

Principal Place of Business

**701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131**

FILED

01 APR -2 AM 11:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

601 BISCAYNE BLVD

Suite, Apt. #, etc.

AMERICAN AIRLINES ARENA

City & State

MIAMI FL

Zip

33132

Country

USA

Suite, Apt. #, etc.

City & State

Zip

33131

Country

USA

4. FEI Number

65-0889233

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

INTRASTATE REGISTERED AGENT CORPORATION

701 BRICKELL AVENUE, SUITE 3000

MIAMI FL 33131

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.

\$1,000.00

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 # **P98000098257**
NAME **CALOR DEVELOPMENT, INC.**
STREET ADDRESS **701 BRICKELL AVE., SUITE 3000**
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS

CITY-ST-ZIP

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******150.00 ****150.00**

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Samuel D. Schuchman

3/30/01

Date

786-777-4054

Daytime Phone #

CB2E003 (11/00)