

2001 UNIFORM BUSINESS REPORT (UBR)

0003112 AF

DOCUMENT # **A98000002770**

1. Entity Name

THE CAPAS FAMILY PARTNERSHIP, LTD.

Principal Place of Business

**512 FRONT STREET
KEY WEST FL 33040**

Mailing Address

**512 FRONT STREET
KEY WEST FL 33040**

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

65-0881547

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

**LAMONT & NEIMAN, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 3550
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions
as Shown on record.

\$4,000,000.00

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 # **P98000102762**
NAME **CAPAS MANAGEMENT CORP.**
STREET ADDRESS **512 FRONT STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

STREET ADDRESS

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CITY-ST-ZIP

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******526.25 ****526.25**

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

4/11/2001

Date

Daytime Phone #

305 296-5293

CR2E003 (11/00)

FILED
01 APR 24 PM 6:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE