

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002903

1. Entity Name
DORAL CONCOURSE LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -7 PM 1:33

Principal Place of Business Mailing Address
~~7401~~ NW 7TH STREET 7415 ~~7401~~ NW 7TH STREET
 MIAMI FL 33126 MIAMI FL 33126-2906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0873163		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State.		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI FL 33145				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. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000107309 G.P. HOLDINGS, INC. 7401 NW 7TH STREET MIAMI FL 33126	STREET ADDRESS CITY - ST - ZIP	7415 NW 7th Street Miami, FL 33126
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
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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** Carlos Lopez-Cantera **Date** 6/21/00 **Daytime Phone #** (305) 858-5558