

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002903

1. Entity Name
DORAL CONCOURSE LIMITED

FILED
02 MAY 21 PM 4:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business Mailing Address
3255 N.W. 87th Avenue 3255 N.W. 87th Avenue
Miami, FL. 33172 Miami, FL. 33172

2. Principal Place of Business 3. Mailing Address
2199 Ponce de Leon Blvd. 2199 Ponce de Leon Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002**

200 200

City & State City & State 4. FEI Number Applied For

Coral Gables Coral Gables, FL 650873163 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FL USA 33134 USA

6. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES, INC.
2300 Coral Way, Suite 103
Miami, Florida 33145

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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 #	P96000051231
NAME	PAN AMERICAN LAND, INC.
STREET ADDRESS	2199 Ponce de Leon Blvd.
CITY-ST-ZIP	Suite 200 Coral Gables, FL. 33134
DOCUMENT #	P98000084233
NAME	CARLOS J. RODRIGUEZ, INC.
STREET ADDRESS	3255 NW 87th Avenue
CITY-ST-ZIP	Miami, FL. 33172
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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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: *Carlos Lopez-Cantera* Date: 4-30-02 Cayman Phone #: (305) 856-5568

CFR2003 (9/01)