

# 2002 UNIFORM BUSINESS REPORT (UBR)

526.25  
FILED

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**DOCUMENT # A99000000208**  
1. Entity Name  
**FONDO NUEVO, LTD.**

02 MAR 27 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **ONE NORTH CLEMATIS STREET, 2ND FLOOR WEST PALM BEACH FL 33401**  
Mailing Address: **ONE NORTH CLEMATIS STREET, 2ND FLOOR WEST PALM BEACH FL 33401**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: **P.O. Box 3435**  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State: **West Palm Beach FL**

4. FEI Number: **65-0899987**  
Applied For:  Not Applicable:

Zip: **33402** Country: **Palm Beach**

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

6. Name and Address of Current Registered Agent  
**KLOCK, JOSEPH P JR.  
200 SOUTH BISCAYNE BLVD., SUITE 4000  
MIAMI FL 33131**

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. **\$5,002,500.00**

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 #	<b>P99000010574</b>
NAME	<b>FONDO NUEVO MANAGEMENT, INC.</b>
STREET ADDRESS	<b>ONE NORTH CLEMATIS STREET, 2ND FLOOR</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500005184035--8</b>
CITY-ST-ZIP	<b>-04/03/02--01006--008</b>
	<b>***1476.25 ***526.25</b>
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

**FONDO NUEVO MANAGEMENT, INC., GP**  
SIGNATURE: By: \_\_\_\_\_  
Signature, typed or printed name of signing general partner

2/6/02 305/577-7000  
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE