

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000466

1. Entity Name

MERRICK PARTNERS, LTD.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

Principal Place of Business  
2601 SOUTH BAYSHORE DRIVE  
10TH FLOOR  
COCONUT GROVE FL 33133

Mailing Address  
2601 SOUTH BAYSHORE DRIVE  
10TH FLOOR  
COCONUT GROVE FL 33133-5417



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0928916

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

KLEIN, BRENT D ESQ.  
801 BRICKELL AVE., SUITE 1901  
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. \$4,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$825,000.

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 # P99000022036  
NAME SANCHEZ BERMELLO ANDALUSIA, INC.  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, 10TH FLOOR  
CITY - ST - ZIP COCONUT GROVE FL 33133

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:

Willy A. Bermello

4-27-00

305-859-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Willy A. Bermello