

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000527**

1. Entity Name

FAITH GROUP, LTD.

Principal Place of Business
7000 N.W. 33RD TERRACE
MIAMI FL 33122

Mailing Address
7000 N.W. 33RD TERRACE
MIAMI FL 33122-1333

FILED

00 JAN 18 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0912338

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

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD, SUITE 1500
MIAMI FL 33131**

Name **ROBERTO FAITH**

Street Address (P.O. Box Number is Not Acceptable)

7000 N.W. 33RD. TERRACE

City

MIAMI,

FL

Zip Code **33122**

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.

ROBERTO FAITH

01/12/00

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

\$8,350,000.00

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 # **L99000001819**
NAME **FAITH AT 97TH AVENUE, L.L.C.**
STREET ADDRESS **7000 N.W. 33RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33122**

STREET ADDRESS

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAN 12 2000

(305) 592-7905

Date

Daytime Phone #