

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000527**

1. Entity Name

FAITH GROUP, LTD.

FILED

02 FEB -1 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**7000 N.W. 33RD TERRACE
MIAMI FL 33122**

Mailing Address

**7000 N.W. 33RD TERRACE
MIAMI FL 33122**

2. Principal Place of Business

6701 NW 7 STREET

3. Mailing Address

P.O. Box 523070

Suite, Apt. #, etc.

SUITE #190

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0912338

Applied For

Not Applicable

Zip

33124

Country

MIAMI-0005

Zip

33152

Country

MIAMI-0005

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FAITH, ROBERTO

**7000 N.W. 33RD TERRACE
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

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

6701 NW 7 STREET

SUITE #190

City

MIAMI

FL

Zip Code

33126

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

JAN 25 2002

SIGNATURE

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

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS **6701 NW 7 STREET #190**
CITY-ST-ZIP **MIAMI, FL. 33126**

DOCUMENT #
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STREET ADDRESS
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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:

SIGNATURE REQUIRED

JAN 25 2002

(305) 265-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)