

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001716**

1. Entity Name

FLAMINGO PARK APARTMENTS, LTD.

Principal Place of Business

**200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131**

Mailing Address

**200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131-2329**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0955873

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, JOSH N ESQ.
FIRST UNION CENTER
200 SOUTH BISCAYNE BLVD., SUITE 1050
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

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.

\$50,000.00

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 # **L99000006880**
NAME **COCONUT EXPRESS, LC**
STREET ADDRESS **200 SOUTH BISCAYNE BLVD., SUITE 1050**
CITY - ST - ZIP **MIAMI FL 33131**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

77 438 75

CITY - ST - ZIP

STREET ADDRESS

500003225325--9

CITY - ST - ZIP

-04/26/00--01073--019

******488.75 ****438.75**

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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:

Virginia A. Fortunier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-05-00 (305)534-9090

Date

Daytime Phone #



00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)