

2001. UNIFORM BUSINESS REPORT (UBR)

0003678 AF

DOCUMENT # **A99000001717**

1. Entity Name

CAMEO APARTMENTS, LTD.

FILED

01 MAR 30 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~200 SOUTH DISCAYNE BLVD., SUITE 1050~~
~~MIAMI FL 33131~~

~~200 SOUTH DISCAYNE BLVD., SUITE 1050~~
~~MIAMI FL 33131~~

2. Principal Place of Business

1623 Collins Ave
#909

3. Mailing Address

1623 Collins Ave
#909

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

Dade

Zip

33139

Country

Dade

4. FEI Number

65-0955460

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 FINANCIAL CENTER~~

~~200 SOUTH DISCAYNE BLVD., SUITE 1050~~

~~MIAMI FL 33131~~

1623 Collins Ave
#909
Miami Beach
FL 33139

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 # **L99000006882**
NAME **TROPICAL KEY PALMS, LC**
STREET ADDRESS **200 SOUTH DISCAYNE BLVD., SUITE 1050**
CITY-ST-ZIP **MIAMI FL 33131**

same as above

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400003992474--7
-04/11/01--01092--005

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

\$ 438.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

Virginia Dominguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 25/2001
Date

305 534-9090
Daytime Phone #

CR25903 (11/00)