## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9900001906  1. Entity Name  BELLE GLADE VENTURE, LTD.						FILED SECRETARY OF STATE CIVISION OF CORPORATIONS  00 APR 24 AM 3: 05			
									Principal Place of Business  75 NE 6TH AVENUE  SUITE 214  DELRAY BEACH FL 33483  Mailing Address  75 NE 6TH AVENUE  SUITE 214  DELRAY BEACH FL 33483-5453
2. Principal Place of Business 3. Mailing Address							(815 (8116 1911) <b>36</b> 11/ 8811) 8811/ <b>38</b> 11/ <b>3</b>	187 1(818 <del>1</del> 81)( 881)4 81)1 188)	
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
City & State City & State				е		4. FEI Number	0960356/	Applied For Not Applicable	
Zip	Zip Country		Zip	Cour	ntry	1	of Status Desired 🗸 \$	8.75 Additional ee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
ZENGAGE, JIM					Name - ·				
75 NE 6TH AVENUE					Street Address (P.O. Box Number is Not Acceptable)				
SUITE 214						71.2	<u> </u>		
DELRAY BEACH FL 33483				City	FL Zip Code				
8. The above	named entit	y submits this statement fo	r the purpose of	changing its register	red office or registe	ered 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 require						od when reinstating)	11. MAKE CHECK PAYABLE T	TO DEPT. OF STATE	
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE						TERER AND A	SEE REVERSE SIDE FOR	FEE INFORMATION	
	NOTE	GENERAL PARTNER I : General Partners MA	Y NOT be cha	inged on the fo <u>rn</u>	n; an amendme	nt must be filed	l to change a general parti		
12. GENERAL PARTNER INFORMATION  DOCUMENT# P97000073252							ADDRESS CHANGES ONLY	<u></u>	
DOCUMENT # NAME	RETAIL CONCEPTS, INC.				REET ADORESS	ADDRESS			
STREET ADDRESS	TREET ADDRESS 75 NE 6TH AVENUE SUITE 214  OELRAY BEACH FL 33483			CITY	Y-ST-ZIP				
DOCUMENT#				en:	REET ADDRESS				
NAME STREET ADDRESS				311		2000032498527			
CITY-ST-ZIP	`\			cm	Y-ST-ZIP	-05/12/0001020001 ****150.00 ****150.00			
DOCUMENT#		1.4		STF	REET ADDRESS		****150.00	****150.00	
NAME STREET ADDRESS CITY-ST-ZIP				cm	Y - ST - ZIP				
DOCUMENT#			. 114.1	STF	REET ADORESS				
STREET ADORESS City-St-Zip				cm	Y-ST-ZIP				
DOCUMENT# NAME				STF	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CIP	Y-ST-ZIP	۲			
DOCUMENT#				STF	REET ADDRESS		<u></u> .		
STREET ADDRESS CITY - ST - ZIP	/-ST-2IP				Y-ST-ZIP		The state of the s	Early at the a to face of the	
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:  4/13/00 561-278-3100									
SIGNAT	UKE	SIGNATURE AND TYPED OF	BINTED NAME OF	SIGNING GENERAL PARTN				time Phone #	