

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A99000002116**

1. Entity Name  
**THE C.A.R. REAL ESTATE LIMITED PARTNERSHIP #1**

**FILED**  
**May 18, 2001 8:00 A.M.**  
**Secretary of State**

Principal Place of Business      Mailing Address

1327 SE 2ND AVENUE      1327 SE 2ND AVENUE  
 FT. LAUDERDALE FL 33316      FT. LAUDERDALE FL 33316

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      Applied For

65-0967840      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

     \$8.75 Additional Fee Required

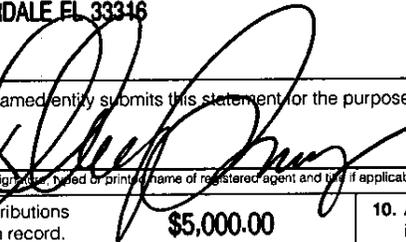
6. Name and Address of Current Registered Agent

**WACHS, JEFFREY S ESQ.**  
 1177 SE 3RD AVENUE  
 FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **Charles Restrepo**  
 Street Address (P.O. Box Number is Not Acceptable) **1327 S.E. 2nd Avenue**  
 City **Ft Laud**      FL      Zip Code **33316**

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       DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.      \$5,000.00      10. Amount of Capital Contributions in FLORIDA to date.

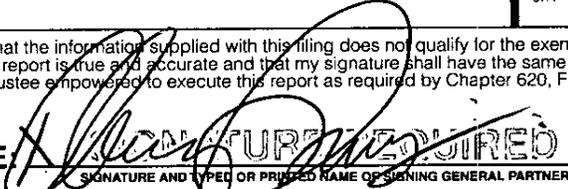
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #                      | NAME                    | STREET ADDRESS           |  |
|                                 | RESTREPO, CHARLES       |                          |  |
| STREET ADDRESS                  | 1327 SE 2ND AVENUE      | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     | FT. LAUDERDALE FL 33316 |                          |  |
| DOCUMENT #                      | NAME                    | STREET ADDRESS           |  |
|                                 | RESTREPO, CLAUDIA J     |                          |  |
| STREET ADDRESS                  | 1327 SE 2ND AVENUE      | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     | FT. LAUDERDALE FL 33316 |                          |  |
| DOCUMENT #                      | NAME                    | STREET ADDRESS           |  |
|                                 |                         |                          |  |
| STREET ADDRESS                  |                         |                          |  |
| CITY-ST-ZIP                     |                         |                          |  |
| DOCUMENT #                      | NAME                    | STREET ADDRESS           |  |
|                                 |                         |                          |  |
| STREET ADDRESS                  |                         |                          |  |
| CITY-ST-ZIP                     |                         |                          |  |
| DOCUMENT #                      | NAME                    | STREET ADDRESS           |  |
|                                 |                         |                          |  |
| STREET ADDRESS                  |                         |                          |  |
| CITY-ST-ZIP                     |                         |                          |  |

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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       SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date      Daytime Phone #

CR2E003 (11/00)