

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002131**

1. Entity Name

THE C.A.R. REAL ESTATE LIMITED PARTNERSHIP #3

FILED

Principal Place of Business

**1327 S.E. 2ND AVENUE
FT. LAUDERDALE FL 33316**

Mailing Address

**1327 S.E. 2ND AVENUE
FT. LAUDERDALE FL 33316**

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0967842

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WACHS, JEFFREY S ESQ.
1177 S.E. 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 SE SECOND AVE

City **FORT LAUDERDALE 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

[Signature]
Signature, typed or printed name of registered agent and file if applicable.

(NO E: Registered Agent signature required when reinstating)

DATE

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 report; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME **RESTREPO, CHARLES**
STREET ADDRESS **1327 S.E. 2ND AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

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

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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 owner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/26/01 (954) 763-3301

CR2E003 (11/00)