

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A99000002133**

1. Entity Name

THE C.A.R. REAL ESTATE LIMITED PARTNERSHIP #2

Principal Place of Business

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

Mailing Address

**1327 S.E. 2ND AVENUE
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

65-0967841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

FILED
01 APR 27 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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, 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.

\$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 this form; 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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

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

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CITY-ST-ZIP

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CR2E003 (11/00)

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 #

4/26/01 (954) 763-3301