

# 2000 UNIFORM BUSINESS REPORT (UBR)

141.25

DOCUMENT # B94000000363

1. Entity Name

EXCEL RIVIERA LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business

6255 BIRD ROAD  
MIAMI FL 33155

Mailing Address

~~6255 BIRD ROAD~~  
~~MIAMI FL 33155 4883~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 562438

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami, Florida

4. FEI Number 65-0517058

Applied For  
Not Applicable

Zip

Country

Zip

Country

33256 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZULUETA, IGNACIO G  
6255 BIRD ROAD  
MIAMI FL 33155

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.

\$100.00

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 # K65519  
NAME EXCEL DEVELOPMENT CORPORATION  
STREET ADDRESS 6255 BIRD ROAD  
CITY - ST - ZIP MIAMI FL 33155

STREET ADDRESS

CITY - ST - ZIP

100003259951--5  
-05/22/00--01003--006  
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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 REQUIRED F. BALAIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

V.P. Excel Dev.

Corp.

Date

4/25/00

Daytime Phone #

305-

662-2660

CF E003 (1/00)