

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B95000000042**

1. Entity Name

**SOMERSET VILLAGE LIMITED PARTNERSHIP**

**FILED**

**01 MAY 18 AM 11:29**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>6800 SW 40 ST. PMB #349 MIAMI FL 33155-3708</b>	Mailing Address <b>6800 SW 40 ST. PMB #349 MIAMI FL 33155-3708</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-0624645</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**ZULUETA, IGNACIO G  
6800 SW 40 ST., PMB #349  
MIAMI FL 33155-3708**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 #	<b>K65519</b>
NAME	<b>EXCEL DEVELOPMENT CORPORATION</b>
STREET ADDRESS	<b>6262 BIRD ROAD, SUITE 34</b>
CITY-ST-ZIP	<b>MIAMI FL 33155</b>

STREET ADDRESS	<b>6800 SW 40 ST PMB #349</b>
CITY-ST-ZIP	<b>Miami, FL 33155</b>

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CITY-ST-ZIP	

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: Miguel F. Balais 5/1/01 305-662-2660

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CR2E003 (11/00)

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