2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42234

1. Entity Name

FONTAINEBLEAU PARK APARTMENTS, INC.

Principal Place of Business	Mailing Address
9721 FONTAINEBLEAU BLVD. MIAMI FL 33172	6505 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126-6011 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc. **New address:** 701 NW 62 Avenue, Suite 110	
City & State	Miami, Florida 33126 State	4. FEI Number 65-0080488 / Applied For / Not Applicable
Zip / Country	Zip / Country	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
CACICEDO, RAMON R., JR. 6505 BLUE LAGOON DRIVE, SUITE 240 MIAMI FL 33126-6001	Name Street Address (P.O. Box Number is Not Acceptable) **New address:** 701 NW 62 Avenue, Suite 110 City Miami, Florida 33126 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 _____ Ramon R. Cacicedo Jr.   MAR - 8 2000

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** After MAY 1, 2000 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	**New address:**	☑ Change	☐ Addition
NAME	CACICEDO, RAMON R.		NAME	701 NW 62 Avenue, Suite 110		
STREET ADDRESS	6505 BLUE LAGOON DRIVE, SUITE 250		STREET ADDRESS	Miami, Florida 33126		
CITY-ST-ZIP	MIAMI FL 33126-6001		CITY-ST-ZIP			
TITLE	VPT	☐ Delete	TITLE	**New address:**	☑ Change	☐ Addition
NAME	GONZALEZ, JOSE A.		NAME	701 NW 62 Avenue, Suite 110		
STREET ADDRESS	6505 BLUE LAGOON DRIVE, SUITE 250		STREET ADDRESS	Miami, Florida 33126		
CITY-ST-ZIP	MIAMI FL 33126-6001		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE	**New address:**	☑ Change	☐ Addition
NAME	HERNANDEZ, GUS		NAME	701 NW 62 Avenue, Suite 110		
STREET ADDRESS	6505 BLUE LAGOON DRIVE, SUITE 250		STREET ADDRESS	Miami, Florida 33126		
CITY-ST-ZIP	MIAMI FL 33126-6001		CITY-ST-ZIP			
TITLE	S	☐ Delete	TITLE	**New address:**	☑ Change	☐ Addition
NAME	CACICEDO, RAMON JR.		NAME	701 NW 62 Avenue, Suite 110		
STREET ADDRESS	6505 BLUE LAGOON DRIVE, SUITE 250		STREET ADDRESS	Miami, Florida 33126		
CITY-ST-ZIP	MIAMI FL 33126-6001		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (9/99)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JOSE GONZALEZ   MAR - 8 2000   305-265-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   VP   Date   Daytime Phone #