

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90022 032 \*\*\*150.00

**DOCUMENT # K42234**

1. Entity Name

**FONTAINEBLEAU PARK APARTMENTS, INC.**

Principal Place of Business <b>9721 FONTAINEBLEAU BLVD. MIAMI FL 33172</b>	Mailing Address <b>6505 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126-6011 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>New address: 701 NW 62 Avenue, Suite 110</b>
City & State	<b>Miami, Florida 33126</b>

4. FEI Number <b>65-0080488</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
  
**CACICEDO, RAMON R., JR.  
6505 BLUE LAGOON DRIVE, SUITE 240  
MIAMI FL 33126-6001**

7. Name and Address of New Registered Agent  
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CACICEDO, RAMON R. 6505 BLUE LAGOON DRIVE, SUITE 250 MIAMI FL 33126-6001</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT GONZALEZ, JOSE A. 6505 BLUE LAGOON DRIVE, SUITE 250 MIAMI FL 33126-6001</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HERNANDEZ, GUS 6505 BLUE LAGOON DRIVE, SUITE 250 MIAMI FL 33126-6001</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CACICEDO, RAMON JR. 6505 BLUE LAGOON DRIVE, SUITE 250 MIAMI FL 33126-6001</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>New address: 701 NW 62 Avenue, Suite 110 Miami, Florida 33126</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>New address: 701 NW 62 Avenue, Suite 110 Miami, Florida 33126</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date Daytime Phone #

CR2E034 (9/99)