

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90003 021 \*\*\*150.00

00002279



DO NOT WRITE IN THIS SPACE

**DOCUMENT # K42234**  
 1. Entity Name  
**FONTAINEBLEAU PARK APARTMENTS, INC.**

Principal Place of Business <b>9721 FONTAINEBLEAU BLVD. MIAMI FL 33172</b>	Mailing Address <b>701 NW 62 AVENUE STE 110 MIAMI FL 33126-6001 US</b>
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>65-0080488</b>	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  
**CACICEDO, RAMON R., JR.  
 701 NW 62 AVENUE STE 110  
 MIAMI FL 33126-6001**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	CACICEDO, RAMON R.	
STREET ADDRESS	701 NW 62 AVENUE STE 110	
CITY-ST-ZIP	MIAMI FL 33126-6001	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE A.	
STREET ADDRESS	701 NW 62 AVENUE STE 110	
CITY-ST-ZIP	MIAMI FL 33126-6001	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, GUS	
STREET ADDRESS	701 NW 62 AVENUE STE 110	
CITY-ST-ZIP	MIAMI FL 33126-6001	
TITLE	S	<input type="checkbox"/> Delete
NAME	CACICEDO, RAMON JR.	
STREET ADDRESS	701 NW 62 AVENUE STE 110	
CITY-ST-ZIP	MIAMI FL 33126-6001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 A. Gonzalez **JOSÉ A. GONZÁLEZ** **JAN - 4 2001** **305-265-1771**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

