

2001 UNIFORM BUSINESS REPORT (UBR)

0019227 AB

DOCUMENT # A07090
 1. Entity Name
INDUSTRIAL AFFILIATES, LTD.

FILED

01 JAN 24 AM 11:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**2850 N.W. 72ND AVE.
 MIAMI FL 33122-1310**

Mailing Address
**C/O LEONARD JAFFE
 P.O. BOX 300632 JFK AIRPORT
 JAMAICA NY 11430**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-1945890**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JAFFE, LEONARD
 2850 N.W. 72ND AVENUE
 MIAMI FL 33166**

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 _____
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. **\$30,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **76,000.00**

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. **\$707.50**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	G95143900027
NAME	INDUSTRIAL INVESTORS, A FLA. GEN. PTSHP.
STREET ADDRESS	2850 N.W. 72ND AVENUE
CITY-ST-ZIP	MIAMI FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200003654132--2
CITY-ST-ZIP	-02/06/01--01070--009 ***307.50 ***307.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-16-01 **718-656-7400**
 Date Daytime Phone #

CR2E003 (11/00)