

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A10517
1. Entity Name
 162ND PLAZA, LIMITED

FILED
 01 APR 24 PM 6:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 2627 N.E. 203 STREET 2627 N.E. 203 STREET
 SUITE 202 SUITE 202
 MIAMI FL 33180 MIAMI FL 33180

2. Principal Place of Business **3. Mailing Address**
 1800 N.E. 114 STREET 1800 N.E. 114 STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 # 2401 # 2401

City & State **City & State**
 NORTH MIAMI, FL. 33181 NORTH MIAMI, FL.
Zip **Country** **Zip** **Country**
 33181 33181

4. FEI Number **Applied For**
 59-2095975 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 GOLDFARB, WILLIAM
 2627 N.E. 203 STREET
 SUITE 202
 MIAMI FL 33180

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. **\$10,000.00** **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 #	GOLDFARB, WILLIAM 2627 NE 203 ST., 202 MIAMI FL 33180	STREET ADDRESS	598804190585--7 -05/09/01--01049--024 ****158.75 ****158.75
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	BRUNSTEIN, EDDIE 2627 N.E. 203 ST., 202 MIAMI FL 33180	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: *William Goldfarb* / **WILLIAM GOLDFARB** **4/20/2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)