

# 2000 UNIFORM BUSINESS REPORT (FEB)

DOCUMENT # A22132

1. Entity Name  
18100 Collins Avenue Shopping Center LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 23 PM 1:29 *mf*

Principal Place of Business Mailing Address  
17100 Collins Avenue 17100 Collins Avenue  
Suite 225 Suite 225  
Sunny Isles Beach, FL 33160 Sunny Isles Beach, FL 33160

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 59-2663220 Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Katz, Raanan  
17100 Collins Ave.  
Suite 225  
Sunny Isles Beach, FL 33160

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$ 540,000.00 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 #	<u>M27776</u>	STREET ADDRESS	
NAME	<u>R.K. Associates #1, Inc.</u>	CITY-ST-ZIP	
STREET ADDRESS	<u>17100 Collins Ave Ste.</u>	STREET ADDRESS	<u>700003317217--5</u>
CITY-ST-ZIP	<u>Sunny Isles Beach, FL 33160</u>	CITY-ST-ZIP	<u>-07/10/00-01014-024</u>
DOCUMENT #		STREET ADDRESS	<u>****88.75 ****88.75</u>
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	<u>700003317217--5</u>
CITY-ST-ZIP		CITY-ST-ZIP	<u>-07/10/00-01014-025</u>
DOCUMENT #		STREET ADDRESS	<u>****437.50 ****437.50</u>
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Raanan Katz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #