

2001 UNIFORM BUSINESS REPORT (UBR)

0005412 AF

DOCUMENT # **A22132**

1. Entity Name

18100 COLLINS AVENUE SHOPPING CENTER, LTD.

Principal Place of Business

**17100 COLLINS AVENUE
SUITE 225
SUNNY ISLES BEACH FL 33160**

Mailing Address

**17100 COLLINS AVENUE
SUITE 225
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATZ, RAANAN

17100 COLLINS AVE

SUITE 225

SUNNY ISLES BEACH FL 33160

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.

\$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 # **M27776**
NAME **R.K. ASSOCIATES #1, INC**
STREET ADDRESS **17100 COLLINS AVE. STE 225**
CITY-ST-ZIP **SUNNY ISLES BCH FL**

STREET ADDRESS

CITY-ST-ZIP

700003891077-03/21/01--01102--004
******526.25 ****526.25**

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-16-01
Date

305-949-4110
Daytime Phone #

RAANAN KATZ, PRES.

CR2E003 (11/00)

FILED

01 MAR 19 AM 11:04

SECRETARY OF STATE
TAMPA, FLORIDA

DO NOT WRITE IN THIS SPACE