

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A28605**

1. Entity Name

MCCRORY ASSOCIATES, LTD.

FILED

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zf

Principal Place of Business

**523 MICHIGAN AVE
MIAMI BEACH FL 33139**

Mailing Address

**523 MICHIGAN AVE
MIAMI BEACH FL 33139**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-018286

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Newly Registered Agent

**ROBINS, SCOTT
230 5TH ST.
MIAMI BCH. FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

523 Michigan Ave

City

Miami Beach

FL

Zip Code

33139

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

SCOTT Robins

1-11-01

9. Capital Contributions
as Shown on record.

\$425,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11.

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 # **L00067**
NAME **MCCRORY ASSOCIATES, INC.**
STREET ADDRESS **230 FIFTH STREET**
CITY-ST-ZIP **MIAMI BEACH FL**

STREET ADDRESS **523 Michigan Ave**
CITY-ST-ZIP **Miami Beach FL 33139**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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 and 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:

SCOTT Robins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

1-11-01

Daytime Phone #

305-673-2948

CR2E003 (11/00)