

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28799**

1. Entity Name
421 WASHINGTON AVENUE ASSOCIATES, LTD.

FILED

00 FEB 17 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**230 FIFTH STREET
MIAMI BEACH FL 33139**

Mailing Address
**230 FIFTH STREET
MIAMI BEACH FL 33139-6602**

2. Principal Place of Business
523 Michigan Ave
Suite, Apt. #, etc.

3. Mailing Address
523 Michigan Ave
Suite, Apt. #, etc.

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

Zip
33139

Country
USA

Zip
33139

Country
USA

4. FEI Number **65-0256243**

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

**ROBINS, CRAIG
230 FIFTH STREET
MIAMI BEACH FL 33139**

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. **\$213,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	L10173 421 WASHINGTON AVE, INC. 230 FIFTH STREET MIAMI BEACH FL	STREET ADDRESS CITY - ST - ZIP	100003156531--9 03/03/00 01067 023 ****526.25 ****526.25
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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 RECD CRAIG ROBINS** **2/3/00** **305-673-2948**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/99)