

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001752

1. Entity Name

700 MARKET ASSOCIATES IV, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 10:23



DO NOT WRITE IN THIS SPACE

Principal Place of Business

20001 N.E. 21ST COURT
NORTH MIAMI BEACH FL 33179

Mailing Address

20001 N.E. 21ST COURT
NORTH MIAMI BEACH FL 33179-2827

2. Principal Place of Business

3910 N. 56th AVE

3. Mailing Address

3910 N. 56th AVE

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD, FL

4. FEI Number

94-2919030

Applied For

Not Applicable

Zip

33021

Country

BROWARD

Zip

33021

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORN, GARY A

20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

PHILIP PEARLMAN

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

20001 NE 21 CT.

City

NORTH MIAMI BEACH

FL

Zip Code

33179

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

Philip Pearlman

PHILIP PEARLMAN

4/20/00

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.

\$600.00

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

DOCUMENT # A96000001723
NAME ROKRAG, LTD.
STREET ADDRESS 20001 N.E. 21ST COURT
CITY - ST - ZIP NORTH MIAMI BEACH FL 33179

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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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:

Philip Pearlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/00

Date

954-893-3983

Daytime Phone #

PHILIP PEARLMAN

CR2E003 (9/99)