

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001752**

1. Entity Name

**700 MARKET ASSOCIATES IV, LTD.**

FILED

02 JAN 22 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**3910 N. 56TH AVE.  
HOLLYWOOD FL 33021**

Mailing Address  
**3910 N. 56TH AVE.  
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**94-2919030**

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 New Registered Agent

**KORN, GARY A  
20001 N.E. 21ST. CT.  
NORTH MIAMI BEACH FL 33179**

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.

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**1/17/02** **954-893-3983**

Date

Daytime Phone #

CR2E003 (9/01)

0000945 AV

STAPLE CHECK HERE