

# 2000 UNIFORM BUSINESS REPORT (UBR)

41.25 (1)

**DOCUMENT # A98000001716**

1. Entity Name  
**740 ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business  
1111 LINCOLN ROAD MALL, SUITE 510  
MAIMI BEACH FL 33139

Mailing Address  
% BERKOWITZ DICK POLLACK & BRANT  
ONE SE 3RD AVE. 15TH FL.  
MIAMI FL 33131

*mf*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>407 Lincoln Road</b>		3. Mailing Address		4. FEI Number <b>65-0860487</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>Suite 9F</b>		Suite, Apt. #, etc.			
City & State <b>Miami Beach, FL</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>33139</b>	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>SKRLD, INC.</b> <b>201 ALHAMBRA CIRCLE, SUITE 1102</b> <b>CORAL GABLES FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Michael Comras c/o The Comras Company of</b> <b>FL</b> Street Address (P.O. Box Number is Not Acceptable) <b>407 Lincoln Road, Suite 9F</b> City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33139</b>		
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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]* DATE **7/26/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$99.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>P98000061917</b>	NAME <b>740 COLLINS, INC.</b>	STREET ADDRESS <b>407 Lincoln Road, Suite 9F</b>	
STREET ADDRESS <b>1111 LINCOLN ROAD MALL, SUITE 510</b>	CITY-ST-ZIP <b>MAIMI BEACH FL 33139</b>	CITY-ST-ZIP <b>Miami Beach, FL 33139</b>	
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

CRE003 (5/00)

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]* DATE **7/26/00** DAYTIME PHONE # **(305) 532-0433**

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