

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003878 AF

**DOCUMENT # A98000001716**  
 1. Entity Name  
**740 ASSOCIATES, LTD.**

**FILED**  
 01 FEB 27 AM 10:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: **407 LINCOLN ROAD, SUITE 9F, MAAMI BEACH FL 33139**  
 Mailing Address: **% BERKOWITZ DICK POLLACK & BRANT, ONE SE 3RD AVE. 15TH FL., MIAMI FL 33131**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **407 Lincoln Road, Suite 9F, Miami Beach, Florida**  
 City & State: **Miami Beach, Florida**  
 Zip: **33139**

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0860487**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Name and Address of Current Registered Agent: **COMRAS, MICHAEL, C/O THE COMRAS COMPANY OF FLORIDA, 407 LINCOLN RD., STE. 9F, MIAMI BEACH FL 33139**  
 7. Name and Address of New Registered Agent: Name, Street Address, 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: DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$99.00**  
 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 #	<b>P98000061917</b>	STREET ADDRESS	
NAME	<b>740 COLLINS, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>407 LINCOLN ROAD, SUITE 9F</b>		
CITY-ST-ZIP	<b>MAIMI BEACH FL 33139</b>		
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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: **SIGNATURE REQUIRED** DATE: **2/19/01** DAYTIME PHONE #: **(305) 532-0433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)