

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001967 AV

**DOCUMENT # A98000001716**



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

**FILED**  
03 APR 30 AM 5:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business  
**407 LINCOLN ROAD, SUITE 9F  
MAIMI BEACH FL 33139**

Mailing Address  
**407 LINCOLN ROAD, SUITE 9F  
MAIMI BEACH FL 33139**



2. Principal Place of Business

3. Mailing Address

4/30

**DUE BY MAY 1, 2003**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0860487**

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

**COMRAS, MICHAEL  
C/O THE COMRAS COMPANY OF FLORIDA  
407 LINCOLN RD., STE. 9F  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.

**\$99.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **P98000061917**  
NAME **740 COLLINS, INC.**  
STREET ADDRESS **407 LINCOLN ROAD, SUITE 9F**  
CITY-ST-ZIP **MAIMI BEACH FL 33139**

STREET ADDRESS  
CITY-ST-ZIP  
~~04/30/03--01120--006 \*\*141.25~~

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**700017620077**  
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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

**4-18-03**      **305-532-0433**  
Date      Daytime Phone #

CF2E003 (10/02)

STAPLE CHECK HERE