


# 2001 UNIFORM BUSINESS REPORT (UBR)

0005103 AF

**DOCUMENT #** A99000000626  
**1. Entity Name**  
 171 OFFICE BUILDING, LTD.

**FILED**  
 01 APR 27 PM 12:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business**      **Mailing Address**  
 C/O SIDNEY GIMBEL      C/O SIDNEY GIMBEL  
 10155 COLLINS AVENUE, SUITE 1907      10155 COLLINS AVENUE, SUITE 1907  
 BAL HARBOUR FL 33154      BAL HARBOUR FL 33154

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

**4. FEI Number** 65-0911672      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 LEVINE, ALAN W ESQ.  
 1110 BRICKELL AVENUE, 7TH FLOOR  
 MIAMI FL 33131

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$400,000.00      **10. Amount of Capital Contributions in FLORIDA to date.** 400,000.00      **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 #	P97000008152
NAME	A.G. ELITE CORP.
STREET ADDRESS	10155 COLLINS AVENUE, PH 7
CITY-ST-ZIP	BAL HARBOUR FL 33154
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500004213215--4
CITY-ST-ZIP	-05/11/01--01143--001 ***526.25 ***526.25
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:** *Alan W. Levine*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
 M/Levine      305-866-9522      **Date**      **Daytime Phone #**

CR2E003 (11/00)