

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001230**

1. Entity Name

**1802 ASSOCIATES, LTD.**

**FILED**

**00 MAY -1 PM 4: 58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**404 WASHINGTON AVENUE, SUITE 120  
MIAMI BEACH, FL 33139**

Mailing Address  
**404 WASHINGTON AVENUE, SUITE 120  
MIAMI BEACH FL 33139-6651**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0844792**

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

**THREATT, ROBERT R  
404 WASHINGTON AVENUE, SUITE 120  
MIAMI BEACH FL 33139**

Name  
**Brian A. Hart**

Street Address (P.O. Box Number is Not Acceptable)

**c/o Thomson Muraro Razook & Hart, P.A**

**One SE 3rd Avenue 17th Floor**

City  
**Miami**

**FL**

Zip Code  
**33131**

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

*B. A. Hart*

**Brian A. Hart**

**4/24/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

*5,149,185.00  
649,823.00*

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$649,823.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000043755**  
NAME **1802 ASSOCIATES G.P. INC.**  
STREET ADDRESS **404 WASHINGTON AVENUE, SUITE 120**  
CITY - ST - ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS

CITY - ST - ZIP

**600003247626--3**

**05/11/00-01015-023**

**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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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

**BY: 1802 ASSOCIATES G.P. INC., GENERAL PARTNER**

SIGNATURE:

*Michael Bernstein*

**MICHAEL BERNSTEIN, VP**

**427-2000 305 532 2519**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)