

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001095**

1. Entity Name

900 W. 49TH STREET, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CO MAY -1 PM 12:06

Principal Place of Business

5703 SW 85TH ST.
SO. MIAMI FL 33143

Mailing Address

PO BOX 431984
MIAMI FL 33243-1984



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4960 SW 72nd Avenue

3. Mailing Address

4960 SW 72nd Avenue

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0758133

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 3550
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

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.

\$100.00

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

DOCUMENT # P95000019866
NAME THE RICHARD BRANDON COMPANY
STREET ADDRESS 5703 SW 85TH ST.
CITY - ST - ZIP SO. MIAMI FL 33143

13. ADDRESS CHANGES ONLY

STREET ADDRESS

4960 SW 72nd Avenue, Suite 400

CITY - ST - ZIP

Miami, FL 33155

STREET ADDRESS

CITY - ST - ZIP

4000003280384--9

-06/07/00--01092--014

****141.25 ****141.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(66/6) (10) (1) (1)