

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005434 AF

DOCUMENT # **A23182**

1. Entity Name

17070 COLLINS AVENUE SHOPPING CENTER, LTD.

Principal Place of Business

17100 COLLINS AVE STE 225  
SUNNY ISLES BEACH FL 33160

Mailing Address

17100 COLLINS AVE STE 225  
SUNNY ISLES BEACH FL 33160

FILED

01 MAR 19 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2722003

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

KATZ, RAANAN

17100 COLLINS AVE SUITE 225

SUITE 225

SUNNY ISLES BEACH FL 33160

Name

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

100003091071-6

-03/21/01--01102--003

City

\*\*\*\*526.25 FL \*\*\*\*526.25

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.

\$1,170,000.00

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 # M37803  
NAME 17070 COLLINS AVENUE SHOPPING CENTER, INC.  
STREET ADDRESS 17100 COLLINS AVE #225  
CITY-ST-ZIP SUNNY ISLES BCH FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-16-01

Date

305-949-4110

Daytime Phone #

RAANAN KATZ, PRES.

CR2E003 (11/00)