

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000597**

1. Entity Name

**DREXEL APARTMENT, LTD.**

Principal Place of Business

**1 CENTURY LANE, PH 609  
MIAMI BEACH FL 33139**

Mailing Address

**1 CENTURY LANE, PH 609  
MIAMI BEACH FL 33139**

**FILED**

**01 JUN 21 PM 12:37**

**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

**65-0733811**

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

**HRAWG CORP.**

**2000 GLADES ROAD, SUITE 400  
BOCA RATON FL 33431**

Name

**BORD LOZANO Zacherl U.P.**

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

**601 BRICKEN KEY DRIVE  
SUITE 500**

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

*[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.

**\$10,000.00**

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 # **P97000021108**  
NAME **DREXEL-MMES, INC.**  
STREET ADDRESS **1611 PENNSYLVANIA AVENUE, APARTMENT 2**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS **1 Century Lane #609**  
CITY-ST-ZIP **Miami Beach FL 33139**

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CITY-ST-ZIP

**500004446225-2**  
**-06/26/01-01080-002**  
**\*\*\*\*\*88.75 \*\*\*\*\*88.75**

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CITY-ST-ZIP

**500004446225-2**  
**-06/26/01-01080-003**  
**\*\*\*\*\*70.00 \*\*\*\*\*70.00**

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**X 5/1/01**