

2002 UNIFORM BUSINESS REPORT (UBR)

0009893 AT

DOCUMENT # A92000000167

1. Entity Name
1350 EAST 18 STREET, LIMITED PARTNERSHIP

FILED
 02 FEB -4 PM 3:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 6650 SHEFFIELD LANE LAGORCE ISLAND MIAMI BEACH FL 33141	Mailing Address 6650 SHEFFIELD LANE LAGORCE ISLAND MIAMI BEACH FL 33141
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002

4. FEI Number 65-0374862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TURKEN, HYMAN
 6650 SHEFFIELD LANE
 LAGORCE ISLAND
 MIAMI BEACH FL 33141**

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

9. Capital Contributions as Shown on record. **\$1,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P92000011957 JAROB BROOKLYN, INC. 6650 SHEFFIELD LANE, LAGORCE ISLAND MIAMI BEACH FL 33141
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	500004916985-2 -02/13/02--01097--014 ***141.25 ***141.25
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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* **2-2-2002** **305-864-5608**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)