

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB -4 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001043 AT

DOCUMENT # A00000000571

1. Entity Name

1610 CONVERSION LTD.

Principal Place of Business

13132 W. DIXIE HIGHWAY
NORTH MIAMI FL 33161

Mailing Address

13132 W. DIXIE HIGHWAY
NORTH MIAMI FL 33161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-1005673

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

ROSEN, PAUL
13132 W. DIXIE HIGHWAY
NORTH MIAMI FL 33161

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 of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$360,000.00

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 # P00000023828
NAME 1610 CONVERSION, INC.
STREET ADDRESS 13132 W. DIXIE HIGHWAY
CITY-ST-ZIP NORTH MIAMI FL 33161

STREET ADDRESS

CITY-ST-ZIP

8000004917248--1
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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

1/31/02

Date

305.981.0311

Daytime Phone #

CR2E003 (9/01)