

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000610 AT

DOCUMENT # A96000000270



1. Entity Name
EVR GROUP, LTD.

FILED

03 AUG 12 AM 9:00



Principal Place of Business
**5701 COLLINS AVENUE, APT. 315
MIAMI BEACH FL 33140**

Mailing Address
**5701 COLLINS AVENUE, APT. 315
MIAMI BEACH FL 33140**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0642854** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DUE BY SEPTEMBER 24, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOOM, KENNETH M ESQ.
BLOOM & MINSKER, P.L.
1110 BRICKELL AVE. 7TH FLOOR
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$1,980,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO FL. 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 #	P96000011844	STREET ADDRESS	
NAME	NI-BAR CORP.	CITY-ST-ZIP	200022261482
STREET ADDRESS	5701 COLLINS AVENUE, APT. 315		08/12/03--01065--007 **926.25
CITY-ST-ZIP	MIAMI BEACH FL 33140	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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** July 30 / 03 Date Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE