

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004645 AF

DOCUMENT # A00000000186

1. Entity Name

624 COLLINS AVENUE, LTD.

Principal Place of Business

407 LINCOLN ROAD, SUITE 9-F  
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD, SUITE 9-F  
MIAMI BEACH FL 33139

FILED

01 FEB 27 AM 10:39

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

Zip

Country

Zip

Country

4. FEI Number, ☒ Applied For  
☐ Not Applicable

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

ROSE, ELLEN ESQ.  
C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVENUE, SUITE 2400  
MIAMI FL 33131

Name: Michael Comras  
Street Address (P.O. Box Number is Not Acceptable):  
407 Lincoln Road, Suite 9F  
City: Miami Beach FL Zip Code: 33139

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. \$990.00

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 # P00000008698  
NAME 624 COLLINS AVENUE, INC.  
STREET ADDRESS 407 LINCOLN ROAD, SUITE 9-F  
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS  
CITY-ST-ZIP 300003801669--8  
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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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/01  
Date

(305) 532-0433  
Daytime Phone #

CR2E003 (11/00)