

# 2001 UNIFORM BUSINESS REPORT (UBR)

000491 AF

DOCUMENT # **A00000000346**

1. Entity Name

**39TH ST., LTD.**

**FILED**  
01 APR 30 PM 5:53  
SECRETARY OF STATE  
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~290 FIFTH STREET~~  
~~MIAMI BEACH FL 33139~~

~~230 FIFTH STREET~~  
~~MIAMI BEACH FL 33139~~

2. Principal Place of Business

3. Mailing Address

**1632 Pennsylvania Ave.**  
Suite, Apt. #, etc.

**1632 Pennsylvania**  
Suite, Apt. #, etc.

City & State

City & State

**Miami Beach, FL**

**Miami Beach, FL**

Zip  
**33139**

Country  
**US**

Zip  
**33139**

Country  
**US**

4. FEI Number

**650986410**

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

**GRETENSTEIN, STEVEN**  
~~230 FIFTH STREET~~  
~~MIAMI BEACH FL 33139~~

Name **CRAIG Robins**

Street Address (P.O. Box Number is Not Acceptable)  
**1632 Pennsylvania Avenue**

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, typed or printed name of registered agent and date of signature (Not applicable)

(NOT Applicable) Registered Agent signature required when reinstating

DATE

*Handwritten signature* **3/25/01**

9. Capital Contributions as Shown on record.

**\$500,000.00**

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 # **P00000020110**  
NAME **39TH ST., INC.**  
STREET ADDRESS ~~290 FIFTH STREET~~  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS **1632 Pennsylvania Ave.**  
CITY-ST-ZIP **Miami Beach, FL 33139**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
~~200004216852-4~~  
~~-05/15/01--01051--005~~  
~~\*\*\*\*\*437.50 \*\*\*\*\*437.50~~

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
~~200004216852-4~~  
~~-05/15/01--01051--006~~  
~~\*\*\*\*\*88.75 \*\*\*\*\*88.75~~

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-19-01 305-531-8700**

Date

Daytime Phone #

CR2E003 (11/00)