

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000347

1. Entity Name

HALF-CIRCLE PROPERTY, LTD.

APPROVED
AND
FILED

01 APR 30 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

230 FIFTH STREET
C/O CRAIG ROBINS
MIAMI BEACH FL 33139

Mailing Address

230 FIFTH STREET
C/O CRAIG ROBINS
MIAMI BEACH FL 33139

2. Principal Place of Business

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

3. Mailing Address

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

City & State

Miami Beach, FL

City & State

Miami Beach, FL

FL

4. FEI Number

650986414

Applied For

Not Applicable

Zip

33139

Country

Zip

33139

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRETENSTEIN, STEVEN
230 FIFTH STREET
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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, if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

3/25/01

9. Capital Contributions
as Shown on record.

\$100,000.00

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 # P00000020024
NAME HALF-CIRCLE PROPERTY, INC.
STREET ADDRESS 230 FIFTH STREET
CITY-ST-ZIP MIAMI BEACH FL 33139

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1632 Pennsylvania Avenue
CITY-ST-ZIP Miami Beach, FL 33139

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 300004221853--4
CITY-ST-ZIP 05/17/01-01031-027
*****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 300004221853--4
CITY-ST-ZIP 05/17/01-01031-028

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS *****437.50 *****88.75
CITY-ST-ZIP 437.50

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

Vice President 3/25/01 (305) 531-8700

Date

Daytime Phone #

CR2E003 (11/00)

0004456 AF