

# 2002 UNIFORM BUSINESS REPORT (UBR)

192

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AT

DOCUMENT # A01000000885

1. Entity Name

247 23RD STREET LIMITED PARTNERSHIP

FILED

02 SEP 23 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1000

Principal Place of Business

247 23RD STREET  
MIAMI BEACH FL 33137

Mailing Address

247 23RD STREET  
MIAMI BEACH FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1118990

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

162,119

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 # P01000066008  
NAME 247 23RD STREET, INC.  
STREET ADDRESS 247 23RD STREET  
CITY-ST-ZIP MIAMI BEACH FL 33137

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #  
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STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)

2 of 2

247 23<sup>rd</sup> Street, L.P  
1445 Washington Avenue  
Miami Beach, FL 33139

September 5, 2002

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We are writing to submit our Limited Partnership Uniform Business Report and request that the \$400 penalty for failure to file a timely report be waived for 247 23<sup>rd</sup> Street, L.P. The preprinted form was never received. Enclosed, please find a copy of our Uniform Business Report for filing.

Thank you in advance for your consideration.

Sincerely,

  
Kenneth R. Barilich