

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001680 AV

DOCUMENT # **A0T000001014**

1. Entity Name  
**542 WASHINGTON AVENUE, LTD.**

FILED

02 FEB 21 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BJH



Principal Place of Business  
**407 LINCOLN ROAD  
SUITE 704  
MIAMI BEACH FL 33139**

Mailing Address  
**407 LINCOLN ROAD  
SUITE 704  
MIAMI BEACH FL 33139**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

Zip Country

4. FEI Number  
**59-3727981**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**GLASSBERG, DAVID M  
13615 SOUTH DIXIE HIGHWAY - #114-514  
MIAMI FL 33176**

7. Name and Address of New Registered Agent  
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.

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

9. Capital Contributions as Shown on record. **\$200.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$200.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P00000068245 542 WASHINGTON AVENUE CORP. 407 LINCOLN ROAD MIAMI BEACH FL 33139</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<b>300005031923--2 -03/01/02--01033--017 *****88.75 *****88.75</b>
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	<b>300005031923--2 -03/01/02--01033--018 *****52.50 *****52.50</b>
STREET ADDRESS CITY-ST-ZIP	
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: *David M. Glassberg* **Welson Fox** 1/10/02 305-532-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)