

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3727981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASSBERG, DAVID M

13615 SOUTH DIXIE HIGHWAY #114-514

MIAMI FL 33176

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

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

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000068245**
NAME **542 WASHINGTON AVENUE CORP.**
STREET ADDRESS **407 LINCOLN ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS

CITY-ST-ZIP

300005031923--2

-03/01/02--01033--017

*******88.75 *****88.75**

DOCUMENT #
NAME
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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] **Nelson Fox**

Date

Daytime Phone #

1/10/02 305-532-6100

CR2E003 (9/01)