

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

ORIGINAL

**DOCUMENT # A01000001014**



**FILED**

**03 FEB 10 PM 4:08**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



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

**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.

**DUE BY MAY 1, 2003**

City & State

City & State

**4. FEI Number 59-3727981**

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**

**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

**B. 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. **\$200.00**

**10. Amount of Capital Contributions** in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900012227459
CITY-ST-ZIP	02/10/03 01101-006 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>[Signature]</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (10/02)

**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 REQUIRED Nelson Fox  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*(305)*  
Date: 2/5/03 Daytime Phone #: 532-6100