

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02474**

1. Entity Name

**3635 ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 12 AM 9:45

Principal Place of Business <b>TRANSATLANTIC BANK SUITE 206 12700 BISCAYNE BLVD. NORTH MIAMI FL 33181</b>	Mailing Address <b>TRANSATLANTIC BANK SUITE 206 12700 BISCAYNE BLVD. NORTH MIAMI FL 33181-2024</b>
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DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1497981</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, ARTURO E  
661 N. UNIVERSITY DR.  
APT. 305  
PEMBROKE PINES FL 33024**

**7. Name and Address of New Registered Agent**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	<b>FL</b>	Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE **4/6/00**

9. Capital Contributions as Shown on record. <b>\$46,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>46,500.00</b>	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>GROSSMAN, ROBERT D SR. 1000 QUAYSIDE, UNIT 1705 MIAMI FL 33181</b>	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	<b>900003228109-0 -04/28/00--01010--008 ***414.25 ***414.25</b>
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NAME		CITY - ST - ZIP	
STREET ADDRESS			

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: **Robert D. Grossman** DATE: **4/6/00** DAYTIME PHONE #: **305 895 7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)