

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02474**

1. Entity Name

3635 ASSOCIATES, LTD.

FILED

02 FEB -4 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**TRANSATLANTIC BANK SUITE 206
12700 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

Mailing Address

**TRANSATLANTIC BANK SUITE 206
12700 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1497981

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

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

Name

ROBERT D. GROSSMAN SR

Street Address (P.O. Box Number is Not Acceptable)

1000 QUAYSIDE TERRACE #1705

City

MIAMI

FL

Zip Code

33138

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.

\$46,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GROSSMAN, ROBERT D SR.
1000 QUAYSIDE, UNIT 1705
MIAMI FL 33138**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100004912151--9
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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 REQUIRED

1-31-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)