

2002 UNIFORM BUSINESS REPORT (UBR)

0002301 AV

DOCUMENT # **A06253**

1. Entity Name

RAVENSWOOD WAREHOUSE INVESTORS, LTD.

FILED

LF

02 APR 24 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**20801 BISCAYNE BLVD.
SUITE 505
NORTH MIAMI BEACH FL 33180**

Mailing Address

**20801 BISCAYNE BLVD.
SUITE 505
NORTH MIAMI BEACH FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-1817533

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

**DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD.
SUITE 505
NORTH MIAMI BEACH FL 33180**

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.

\$442,492.45

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 **FROMBERG, LYNN W.**
STREET ADDRESS **20801 BISCAYNE BLVD., #505**
CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **FROMBERG, MALCOLM H.**
STREET ADDRESS **20801 BISCAYNE BLVD., #505**
CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

STREET ADDRESS

CITY-ST-ZIP

900005395569--7
-04/30/02--01078--023
*******526.25 *****526.25**

DOCUMENT #
NAME **GROSS, LESLIE JAY**
STREET ADDRESS **10471 S.W. 126TH ST.**
CITY-ST-ZIP **MIAMI FL 33176**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **COHEN,JEFFREY M.**
STREET ADDRESS **2601 S. BAYSHORE DR. PENTHOUSE 1B**
CITY-ST-ZIP **MIAMI FL 33133**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **SHORE, H. ALLAN**
STREET ADDRESS **1 GROVE ISLE DR., #1106**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GENERAL PARTNER

4/18/02

305-933-2000

Date

Daytime Phone #

CR2E003 (9/01)