

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A06858**

1. Entity Name

AIRPORT MINI STORAGE ASSOCIATES, LTD.

00 APR -3 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/17

Principal Place of Business 3333 N.W. 38TH STREET MIAMI FL 33142	Mailing Address 3333 N.W. 38TH STREET MIAMI FL 33142-5033
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-1881591	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**GROSSMAN, ROBERT D SR
1000 TOWERSIDE TERRACE
MIAMI FL 33138**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$23,575.00**

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	
DOCUMENT #	P97000087248
NAME	AIRPORT MINI STORAGE, INC.
STREET ADDRESS	1000 QUAYSIDE TERRACE, APT. 1705
CITY - ST - ZIP	MIAMI FL 33138
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	100003214611-9
STREET ADDRESS	04/19/00 01063-005
CITY - ST - ZIP	***253.78 ***253.78
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: *Robert D Grossman* SIGNATURE REQUIRED **3/9/00** **305/633-3330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #