

# 2001 UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT # A06858</b> 1. Entity Name <b>AIRPORT MINI STORAGE ASSOCIATES, LTD.</b>			
Principal Place of Business <b>3333 N.W. 38TH STREET MIAMI FL 33142</b>		Mailing Address <b>3333 N.W. 38TH STREET MIAMI FL 33142</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>GROSSMAN, ROBERT D SR 1000 TOWERSIDE TERRACE MIAMI FL 33138</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. Capital Contributions as Shown on record. <b>\$23,575.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P97000087248 AIRPORT MINI STORAGE, INC. 1000 QUAYSIDE TERRACE, APT. 1705 MIAMI FL 33138</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>000003829540--8 -03/09/01--01147--007 ****253.78 ****253.78</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>000003829540--8 -03/09/01--01147--007 ****253.75 ****253.75</b>
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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: <b>Robert D. Grossman</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>ROBERT D. GROSSMAN</b>		Date <b>2/27/01</b> Daytime Phone # <b>305/895-7600</b>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1881591**  
☐ Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E003 (11/00)