

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A07724**

1. Entity Name
BYRON FLAGLER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25

Principal Place of Business Mailing Address
% BORIS ROSEN % BORIS ROSEN
25 S.E. 2ND AVE., STE. 220 25 S.E. 2ND AVE., STE. 220
MIAMI FL 33131 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1931343** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARBIN, EVAN R
48 E FLAGLER STREET
PH-104
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$397,048.68** 10. Amount of Capital Contributions in FLORIDA to date. **\$397,048.68** 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 #	KOZOLCHYK, BENNY 2076 NE 121ST ROAD MIAMI BEACH FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	ROK, NATAN 20 SE 1 AVE MIAMI FL	STREET ADDRESS	800003334998--8
NAME		CITY-ST-ZIP	-07/25/00--01050--009
STREET ADDRESS			***926.25 ***926.25
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STREET ADDRESS			

CR2E003 (5/00)

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** 7/11/00 (305) 377-4921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
NATAN R. ROK - General Partner