

2002 UNIFORM BUSINESS REPORT (UBR)

0001009 AV

DOCUMENT # **A07724**

1. Entity Name
BYRON FLAGLER, LTD.

FILED

02 JAN 30 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
% **BORIS ROSEN**
25 S.E. 2ND AVE., STE. 220
MIAMI FL 33131



2. Principal Place of Business
150 SE 2ND AVENUE

3. Mailing Address
150 SE 2ND AVENUE

Suite, Apt. #, etc.
SUITE #1200

Suite, Apt. #, etc.
SUITE #1200

DUE BY MAY 1, 2002

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
59-1931343

Applied For
Not Applicable

Zip
33131 Country
U.S.

Zip
33131 Country
U.S.

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

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

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

9. Capital Contributions as Shown on record. **\$397,048.68**

10. Amount of Capital Contributions in FLORIDA to date. **397048.68**

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 #
NAME **KOZOLCHYK, BENNY**
STREET ADDRESS **2076 NE 121ST ROAD**
CITY-ST-ZIP **MIAMI BEACH FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **ROK, NATAN**
STREET ADDRESS **20 SE 1 AVE**
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED NATAN R. ROK GP 1-24-02 (305) 3771921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)