

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A09848

1. Entity Name

COLD STORAGE ASSOCIATES, LTD.

Principal Place of Business

500 N.E. 185TH ST  
MIAMI FL 33179

Mailing Address

500 N.E. 185TH ST  
MIAMI FL 33179-4541

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2041065

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KREISBERG MANAGEMENT CO., INC.  
251 CRANDON BOULEVARD  
#500  
KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent

Name KREISBERG MANAGEMENT CO., INC.  
Street Address (P.O. Box Number is Not Acceptable)  
500 NG 185 ST  
City MIAMI FL Zip Code 33179

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 (NOTE: Registered Agent signature required when reinstating)

JULIAN KREISBERG, GP.

4/17/00

9. Capital Contributions  
as Shown on record.

\$680,000.00

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 # L90385  
NAME KREISBERG MGMT CO., INC.  
STREET ADDRESS 251 CRANDON BLVD. #500  
CITY-ST-ZIP KEY BISCAVNE FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS 500 NG 185 ST  
CITY-ST-ZIP MIAMI FL 33160

DOCUMENT #  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JULIAN KREISBERG, GP. KREISBERG

Date

Daytime Phone #

4/17/00 305653 6670

CR:1 003030303