

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004119 AF

**DOCUMENT # A10029**

1. Entity Name

**FORTY-ONE-SIXTY, LTD.**

**FILED**

**01 APR -4 AM 10:14**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3225 AVIATION AVE., 7TH FL. COCONUT GROVE FL 33133</b>	Mailing Address <b>3225 AVIATION AVE., 7TH FL. COCONUT GROVE FL 33133</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2168087</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**GARS, IRWIN S  
3225 AVIATION AVE., 7TH FL.  
COCONUT GROVE FL 33133**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$19,987.50</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	STREET ADDRESS	
NAME	<b>DIXON, ROBERT</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>3225 AVIATION AVE., 7TH FL.</b>		
CITY - ST - ZIP	<b>COCONUT GROVE FL 33133</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>GLASSMAN, JEROME</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>2801 S. COLLEGE</b>		
CITY - ST - ZIP	<b>OCALA FL 34478</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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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**  
Jerome Glassma  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**04/02/2001**

Date

**352/237-1186**

Daytime Phone #

CR2E003 (11/00)