

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A10078

1. Entity Name

301 BUILDING, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3: 05

Principal Place of Business
10729 S.W. 104 ST.
MIAMI FL 33176

Mailing Address
10729 S.W. 104 ST.
MIAMI FL 33176-8163



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2078290**

Applied For
Not Applicable

Zip Country

Zip Country

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

FREUND, IRWIN
10729 S.W. 104TH STREET
MIAMI FL 33176

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$168,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME: FREUND, IRWIN
STREET ADDRESS: 10729 S.W. 104 ST.
CITY - ST - ZIP: MIAMI FL 33176

STREET ADDRESS
CITY - ST - ZIP
200003258632--1
-05/19/00--01011--027
******526.25 ****526.25**

DOCUMENT #
NAME: FISHER, LAWRENCE
STREET ADDRESS: 3111 UNIV DR. #720
CITY - ST - ZIP: CORAL SPRINGS FL 33030

STREET ADDRESS
CITY - ST - ZIP

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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]* **SIGNATURE REQUIRED** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/24/00** Daytime Phone #: **(305) 279-1248**

CF 1E003 (9/99)