

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005986 AF

DOCUMENT # **A10517**

1. Entity Name

**162ND PLAZA, LIMITED**

**FILED**

**01 APR 24 PM 6:52**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2627 N.E. 203 STREET  
SUITE 202  
MIAMI FL 33180**

**2627 N.E. 203 STREET  
SUITE 202  
MIAMI FL 33180**

2. Principal Place of Business

**1800 N.E. 114 STREET**

3. Mailing Address

**1800 N.E. 114 STREET**

Suite, Apt. #, etc.

**#2401**

Suite, Apt. #, etc.

**#2401**

City & State

**NORTH MIAMI, FL. 33181**

City & State

**NORTH MIAMI, FL.**

Zip

**33181**

Country

Zip

**33181**

Country

4. FEI Number

**59-2095975**

Applied For

Not Applicable

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

**GOLDFARB, WILLIAM  
2627 N.E. 203 STREET  
SUITE 202  
MIAMI FL 33180**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$10,000.00**

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  
STREET ADDRESS  
CITY-ST-ZIP  
**GOLDFARB, WILLIAM  
2627 NE 203 ST., 202  
MIAMI FL 33180**

STREET ADDRESS  
CITY-ST-ZIP

**500004190585--7  
-05/09/01--01049--024  
\*\*\*\*158.75 \*\*\*\*158.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BRUNSTEIN, EDDIE  
2627 N.E. 203 ST., 202  
MIAMI FL 33180**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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:

*William Goldfarb* / **WILLIAM GOLDFARB** 4/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)