

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A12931**

1. Entity Name

3000 ISLAND BOULEVARD ASSOCIATES, LTD.

APPROVED
AND
FILED

01 MAY -1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160

Mailing Address

7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2578055

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

MANTUS, ALAN
7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160

Name

Alan Matus

Street Address (P.O. Box Number is Not Acceptable)

7900 Island Boulevard

City

North Miami Beach

FL

Zip Code
33160

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.

\$1,500.00

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 # F93000004567
NAME 3000 HOLDINGS, INC.
STREET ADDRESS 4000 ISLAND BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P27660
NAME 3000 ISLAND BOULEVARD, INC.
STREET ADDRESS 4000 ISLAND BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

0005416 AF