2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A22994 1. Entity Name COURTRUST ASSOCIATES, LTD.				GIVISION OF CORPORATIONS
			OO APR 21	
Principal Place of Business 2701 S. BAYSHORE DRIVE PENTHOUSE COCONUT GROVE FL 33133 Mailing Address 2701 S. BAYSHORE DRIVE PENTHOUSE COCONUT GROVE FL 33133			•	OO APR 21 AM 3: 05
2. Principal Place of Business 3. Mailing Address				
2. Frincipal Flace of business 3. Maining Address				
1870 sc	OUTH BAYSHORE DRI VE ROTHSTEIN, LAW	VRENCE	l.	DO NOT WRITE IN THIS SPACE
COCONUT GROVE, FL 33133-5309 1870 SOUTH BAYS				FEI Number 59-2705602 Applied For
US COCONUT GROVE,			133	\$8.75 Additional
· · · · · · · · · · · · · · · · · · ·				Fee Required
- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent				
ROTHSTEIN, LAWRENCE I. 2701 SO. BAYSHORE DRIVE PENTHOUSE COCONUT GROVE FL 33133			ROTHSTEIN, LAWRENCE I. 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133 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 of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE				
9. Capital Contributions 225 00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE				
as Shown on record. in FLORIDA to date. 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. DOCUMENT#	GENERAL PARTNER INFORMATION M07050	13.	M070	ADDRESS CHANGES ONLY
NAME	HMG CAPITAL CORP. 2701 S. BAYSHORE DRIVE		PRET ADDRESS HMG CAPITAL CORP. 1870 SOUTH BAYSHORE DRIVE TY-ST-ZIP COCONUT GROVE, FL 33133	
STREET ADDRESS CITY-ST-ZIP				
DOCUMENT#	COLUMN DET PIOLIADO	STREET A	ADDRESS .	3000032493624
NAME STREET ADDRESS	SCHWARTZ, RICHARD 7850 NW 146TH STREET	CITY-ST	-ZIP	-05/11/0001119015
CITY-ST-ZIP DOCUMENT#*:				****141.25 ****141.25
NAME	WIENER, RICHARD N.	STREET	ADORESS	
STREET ADDRESS City - St - Zip	950 THIRD AVE: NEW YORK NY	CFTY-ST	-ZIP	
DOCUMENT# NAME		STREET	ADDRESS	
STREET ADORESS CITY - ST - ZDP		CATY-ST	- ZIP	
DOCUMENT#		STREET	ADORESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST	-ZIP	
DOCUMENT#		STREET	ADORESS	
STREET ADDRESS CNY+ST+ZIP		CITY-ST	-ZIP	
14\d hereby certify that the information supplied with this filling 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				