

# 2000 UNIFORM BUSINESS REPORT (UBR)

00041412

11

**DOCUMENT # A23751**

1. Entity Name  
**GOLDKRESS ASSOCIATES, LTD.**

FILED

00 FEB -7 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**230 5TH ST.  
MIAMI BEACH FL 33139**

Mailing Address  
**230 5TH ST.  
MIAMI BEACH FL 33139-6602**

2. Principal Place of Business  
**523 Michigan Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**523 Michigan Ave**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami Beach FL**

Zip  
**33139**

Country  
**USA**

4. FEI Number **13-3406227**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBINS, CRAIG  
230 FIFTH STREET  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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. **\$400,000.00**

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 # <b>M42572</b>	<b>GOLDKRESS, INC.</b>	STREET ADDRESS	<b>8888883138288-8</b>
NAME	<b>103 GREENE STREET</b>	CITY - ST - ZIP	<b>-02/10/00--01002--003</b>
STREET ADDRESS	<b>NEW YORK NY</b>		<b>****526.25 ****526.25</b>
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 RESCOTTER Robins** **2/3/00** **305-673-2948**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)