

2001 UNIFORM BUSINESS REPORT (UBR)

0004474 AF

DOCUMENT # A23751
1. Entity Name
 GOLDKRESS ASSOCIATES, LTD.

Principal Place of Business 523 MICHIGAN AVENUE
 MIAMI BEACH FL 33139
Mailing Address 523 MICHIGAN AVENUE
 MIAMI BEACH FL 33139

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.
City & State
Zip **Country**

FILED
 01 JAN 17 PM 12:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4. FEI Number 13-3406227
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 SCOTT ROBINS
Street Address (P.O. Box Number is Not Acceptable)
 523 Michigan Ave
City Miami Beach **FL** **Zip Code** 33139

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 SCOTT ROBINS **DATE** 1-11-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

DOCUMENT #	M42572
NAME	GOLDKRESS, INC.
STREET ADDRESS	103 GREENE STREET
CITY-ST-ZIP	NEW YORK NY
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	523 Michigan Ave
CITY-ST-ZIP	Miami Beach FL 33139
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800003576678-3
CITY-ST-ZIP	01/26/01-01063-009 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: SCOTT ROBINS **DATE** 1-11-01 **Daytime Phone #** 305-673-2948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)