

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27286**

1. Entity Name

MIAMI BEACH VINTAGE PROPERTIES, III, LTD.

FILED
May 02, 2000 8:00 am
Secretary of State

Principal Place of Business

1601 JEFFERSON AVE.
 MIAMI BEACH FL 33139

Mailing Address

1601 JEFFERSON AVE.
 MIAMI BEACH FL 33139-7602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5801 BISCAYNE BLVD
 Suite, Apt. #, etc.

3. Mailing Address

5801 BISCAYNE BLVD
 Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0081866

Applied For

Not Applicable

Zip

33139

Country

DADE

Zip

33139

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARVER, MICHAEL
 1601 JEFFERSON AVE.
 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

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.

\$309,000.00

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 #
 NAME POLAKOFF, STEVEN
 STREET ADDRESS 1520 EUCLID AVE
 CITY - ST - ZIP MIAMI BEACH FL

DOCUMENT #
 NAME CARVER, MICHAEL
 STREET ADDRESS 1520 EUCLID AVE
 CITY - ST - ZIP MIAMI BEACH FL

DOCUMENT #
 NAME KAMEL, PATRICIA
 STREET ADDRESS 22 KEVIN ROAD
 CITY - ST - ZIP EAST BRUNSWICK NJ

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 5801 BISCAYNE BLVD.
 CITY - ST - ZIP MIAMI, FL 33139

STREET ADDRESS 5801 BISCAYNE BLVD.
 CITY - ST - ZIP MIAMI, FL 33139

STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS 400003283214-5
 CITY - ST - ZIP -06/09/00--01090--012
 *****526.25 *****526.25

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STEVEN POLAKOFF

Date

Daytime Phone #

4/28/00 305 958-8088

CR 1103 (1/19)