

2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # A27490

1. Entity Name
CSF VINTAGE PROPERTIES, LTD.

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
Zip **33137** **Country** **DADE**

City & State
MIAMI, FL
Zip **33137** **Country** **DADE**

4. FEI Number **65-0081569** **Applied For**
 Not Applicable

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.. **\$300,000.00** **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 #	NAME	STREET ADDRESS	STREET ADDRESS		
		CITY - ST - ZIP	CITY - ST - ZIP		
	POLAKOFF, STEVEN	1601 JEFFERSON AVE.	5801 BISCAYNE BLVD.		
		MIAMI BEACH FL	MIAMI, FL 33137		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
		CITY - ST - ZIP	CITY - ST - ZIP		
	CARVER, MICHAEL	1601 JEFFERSON AVE.	5801 BISCAYNE BLVD.		
		MIAMI BEACH FL	MIAMI, FL 33137		
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		CITY - ST - ZIP	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** **POLAKOFF** **4/28/00** **305 958-8088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

(15/6) 500: 25.0