

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27579**

1. Entity Name

SOUTH MIAMI-62ND PLACE ASSOCIATES, LTD.

FILED

00 JAN 31 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 641 S. MASHTA DRIVE KEY BISCAYNE FL 33149	Mailing Address 641 S. MASHTA DRIVE KEY BISCAYNE FL 33149-1747
---	--

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

4. FEI Number 65-0088288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE
19TH FLOOR
MIAMI FL 33133

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. \$0.00	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 CITY - ST - ZIP	K44430 SOUTH MIAMI-62ND PLACE, INC. 641 S. MASHTA DRIVE KEY BISCAYNE FL 33149	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	200003122122--7 -02/03/00--01016--024
		CITY - ST - ZIP	***141.25 ***141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME 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** Date: **1/6/2000** Daytime Phone #: **305-361-9720**