# 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #   A27579

**1.** Entity Name

SOUTH MIAMI-62ND PLACE ASSOCIATES, LTD.

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

| 2. Principal Place of Business | 3. Mailing Address | DO NOT WRITE IN THIS SPACE |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |

| City & State | City & State | 4. FEI Number 65-0088288 | Applied For / Not Applicable |
|---|---|---|---|
| Zip / Country | Zip / Country | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~COBER CORPORATE AGENTS, INC.~~ | Name  I. EDWARD LONDON |
| ~~2801 SOUTH BAYSHORE DRIVE~~ | Street Address (P.O. Box Number is Not Acceptable) |
| ~~19TH FLOOR~~ | 50 W MASHTA DR, #2 |
| ~~MIAMI FL 33133~~ | City KEY BISCAYNE   FL   Zip Code 33149 |

**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 _____, I. EDWARD LONDON   2/18/01
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.  $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 # | K44430 | STREET ADDRESS | |
| NAME | SOUTH MIAMI-62ND PLACE, INC. | | |
| STREET ADDRESS | 641 S. MASHTA DRIVE | CITY-ST-ZIP | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | | |
| DOCUMENT # | | STREET ADDRESS | 30000380663--7 |
| NAME | | | -03/06/01--01017--005 |
| STREET ADDRESS | | CITY-ST-ZIP | ****141.25   ****141.25 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS | | 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:** _____ I. EDWARD LONDON   2/18/01   305.361.9720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #