

2000 UNIFORM BUSINESS REPORT (UBR)

0004518 A

DOCUMENT # **A28538**

1. Entity Name
ESPANOLA WAY ASSOCIATES, LTD.

FILED

00 FEB 17 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 230 FIFTH STREET MIAMI BEACH FL 33139	Mailing Address 230 FIFTH STREET MIAMI BEACH FL 33139-6602
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2. Principal Place of Business 523 Michigan Ave Suite, Apt. #, etc.	3. Mailing Address 523 Michigan Ave Suite, Apt. #, etc.
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City & State Miami Beach FL	City & State Miami Beach FL	4. FEI Number 65-0136747	Applied For <input type="checkbox"/> Not Applicable
Zip 33139	Country USA	Zip 33139	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ROBINS, CRAIG
230 FIFTH ST.
MIAMI BCH. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$668,000.00**

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 STREET ADDRESS CITY - ST - ZIP	K91069 ESPANOLA WAY ASSOC., INC 230 FIFTH STREET MIAMI BEACH FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	300003156533--3 -03/03/00--01067--024 ****526.25 ****526.25
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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 DEQSCOTT Robins** **2/3/00** **305-673-2948**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRZE003 (9/99)