

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28605**

1. Entity Name

MCCRORY ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:47



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**230 FIFTH STREET
MIAMI BEACH FL 33176**

Mailing Address

**230 FIFTH STREET
MIAMI BEACH FL 33139-6602**

2. Principal Place of Business

523 Michigan Ave

3. Mailing Address

523 Michigan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65-0182863

Applied For

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 5TH ST.

MIAMI BCH. FL 33139

7. Name and Address of New Registered Agent

Name **SCOTT Robins**

Street Address (P.O. Box Number is Not Acceptable)

230 5TH STREET

City **Miami Beach**

FL

Zip Code **33139**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$425,000.00

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 # **L00067**
NAME **MCCRORY ASSOCIATES, INC.**
STREET ADDRESS **230 FIFTH STREET**
CITY - ST - ZIP **MIAMI BEACH FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

mf 3/2/00

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

8000003161708--9
03/08/00 01022-001
*******526.25 *****526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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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

Daytime Phone #

CR2E003 (9/99)