

2000 UNIFORM BUSINESS REPORT (UBR)

0003704 AF

DOCUMENT # A30207

1. Entity Name

EMD ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business

~~200 S. BISCAYNE BLVD. #2000~~
~~MIAMI FL 33131~~

Mailing Address

~~200 S. BISCAYNE BLVD. #2000~~
~~MIAMI FL 33131-2320~~



2. Principal Place of Business

2 S. Biscayne Blvd.

Suite, Apt. #, etc.

34th Floor

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Address

2 S. Biscayne Blvd.

Suite, Apt. #, etc.

34th Floor

City & State

MIAMI, FL

Zip

33131

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0198597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, EDGAR

~~200 S. BISCAYNE BLVD. #2000~~

~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

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

2 S. Biscayne Blvd.

34th Floor

City

MIAMI

FL

Zip Code

33131

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

4-28-00

9. Capital Contributions
as Shown on record.

\$593,940.91

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

L80763

EMD ASSOCIATES, INC.

~~200 S. BISCAYNE BLVD. #2000~~

~~MIAMI FL 33131~~

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

2 S. Biscayne Blvd. #3400

MIAMI, FL 33131

STREET ADDRESS

CITY - ST - ZIP

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08/08/00--01066--003

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08/08/00--01066--004

****21.73 ****21.73

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

4-28-00 305/376-6016

Date

Daytime Phone #

CR2E003 (9/96)