

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000119

1. Entity Name

LA RAMBLAS ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% 2 SOUTH BISCAYNE BLVD., #3400
MIAMI FL 33131

Mailing Address

230 5TH ST.
MIAMI BCH. FL 33139-6602

2. Principal Place of Business

1632 Pennsylvania Ave
Suite, Apt. #, etc.

3. Mailing Address

1632 Pennsylvania Ave
Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Bch, FL

4. FEI Number

65-0434297

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 ESQUIRE
230 5TH ST.
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Craig Robins

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

1632 Pennsylvania Ave

City

Miami Bch

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # V66352
NAME LA RAMBLAS DEVELOPMENT CORP.
STREET ADDRESS 2 SOUTH BISCAYNE BLVD., #3400
CITY - ST - ZIP MIAMI FL 33131

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 1632 Pennsylvania
CITY - ST - ZIP Miami Bch, FL 33139

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS 700003256807--6-
CITY - ST - ZIP -05/18/00--01018--025
****141.25 ****141.25

STREET ADDRESS
CITY - ST - ZIP

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

Daytime Phone #

4/19/00

(305) 531-8700