2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000337

1. Entity Name

634 COLLINS, LTD.

FILED
00 MAR 16 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% THE COMRAS COMPANY 1111 LINCOLN ROAD SUITE 510 MIAMI BEACH FL 33139	% BERKOWITZ DICK POLLACK & BRANT ONE SE 3RD AVE., 15TH FL. MIAMI FL 33131-1700

2. Principal Place of Business	3. Mailing Address
407 Lincoln Road	
Suite, Apt. #, etc.: Suite 9F	Suite, Apt. #, etc.:
City & State: Miami Beach, Florida	City & State:
Zip: 33139 / Country:	Zip: / Country:

4. FEI Number 65-0435189 ☐ Applied For ☐ Not Applicable

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
COMRAS, MICHAEL % THE COMRAS COMPANY OF FLORIDA INC. 1111 LINCOLN ROAD MALL, SUITE 500 MIAMI BEACH FL 33139	Name: Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road, Suite 9F 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 ____________ 2/29/00
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. $990.00	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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	P93000023937 634 COLLINS CORP C/O 1111 LINCOLN ROAD MALL, SUITE 500 MIAMI BEACH FL 33139	STREET ADDRESS	407 Lincoln Road, Suite 9F
		CITY-ST-ZIP	Miami Beach, Florida 33139
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	400003184614--6 -03/27/00--01014--008 ****141.25 ****141.25
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		CITY-ST-ZIP	
DOCUMENT # / NAME / 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 2/29/00 305-532-0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #