2001 UNIFORM BUSINESS REPORT (UBR)

0003742 AF

DOCUMENT # A93000000337

1. Entity Name

634 COLLINS, LTD.

FILED

01 FEB 27 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
407 LINCOLN ROAD, SUITE 9F MIAMI BEACH FL 33139	% BERKOWITZ DICK POLLACK & BRANT ONE SE 3RD AVE., 15TH FL. MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
	407 Lincoln Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 9F
City & State	City & State Miami Beach, Florida
Zip / Country	Zip 33139 / 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 M ESQ. % THE COMRAS COMPANY OF FLORIDA INC. 407 LINCOLN ROAD, SUITE 9F MIAMI BEACH FL 33139	Name Michael A. Comras 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 [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. $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 #	P93000023937	STREET ADDRESS	
NAME	634 COLLINS CORP		
STREET ADDRESS	407 LINCOLN ROAD, SUITE 9F	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI BEACH FL 33139		
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CR2E003 (11/00)

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] 2/19/01 (305) 532-0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #