

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001864 AV

DOCUMENT # A93000000337

1. Entity Name
634 COLLINS, LTD.



FILED

03 APR 30 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
407 LINCOLN ROAD, SUITE 9F
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN ROAD, SUITE 9F
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0435189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMRAS, MICHAEL A-~~400~~
% THE COMRAS COMPANY OF FLORIDA INC.
407 LINCOLN ROAD, SUITE 9F
MIAMI BEACH FL 33139

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$990.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
NAME 634 COLLINS CORP
STREET ADDRESS 407 LINCOLN ROAD, SUITE 9F
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS

CITY-ST-ZIP

04/30/03--01117-017 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4-18-03

Date

305-532-0433

Daytime Phone #

CR2EQ03 (10/02)