

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001012**

1. Entity Name

M.B. APARTMENTS ASSOCIATES, LTD.

Principal Place of Business

**1205 DREXEL AVENUE
MIAMI BEACH FL 33139**

Mailing Address

**1205 DREXEL AVENUE
MIAMI BEACH FL 33139**

2. Principal Place of Business

**945 PENNSYLVANIA AVE
Suite, Apt. #, etc.**

3. Mailing Address

**945 PENNSYLVANIA AVE
Suite, Apt. #, etc.**

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

Zip

33139

Country

4. FEI Number

65-0627897

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fes Required**

6. Name and Address of Current Registered Agent

**DATORRE, ROBERTO
1205 DREXEL AVENUE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

DATORRE, ROBERTO

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

945 PENNSYLVANIA AVE

City

MIAMI BEACH

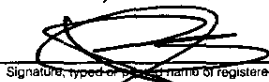
FL

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



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

(NOTE: Registered Agent signature required when reinstating)

1/19/01
DATE

9. Capital Contributions
as Shown on record.

\$976,205.00

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 # **P94000054751**
NAME **M.B. APARTMENTS, INC.**
STREET ADDRESS **1205 DREXEL AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

945 PENNSYLVANIA AVE

CITY-ST-ZIP

MIAMI BEACH, FL. 33139

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/19/01 305 5380090

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CR2E003 (11/00)