2000 UNITORM BUSINESS REPORT (UBR)										0003615
DOCUMENT #39400001048										_
1. Entity Name / DREXEL, LTD						000	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
ONEALL, LID.										
G/O THERRE	ce of Business L BAISDEN P.A B AVE #2400 101 B EAC	1674	Mailing Address C/O THERREL E ONE SE THIRD MAMI FL 33131 S A-M G	VE #2400		00 FEB 14 AM 10: 16				
2. Principal Place of Business				3. Mailing Address  S A M G			ifin išili dišii abili noifi soli	:	<b>19</b> (1) <b>9</b> (90) 12++ 1221	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Miss State BEACH FI			City & State	City & State			65-0507826		Applied For Not Applicable	
Zip 3/9	33138 Country A		Zip	Zip Country		5. Certificate of	of Status Desired	\$8.75 Fee Req	Additional quired	
6. Name and Address of Current Registered Agent					Name	7. Name and 7	Address of New Regist	ered Agent		-
GLUECKMANN, FERDINAND					Street Address (P.O. Box Number is Not Acceptable)					
1674 MERIDIAN AVE., SUITE 208 MIAMI BEACH FL 33139										-
				City		FL Zip Code				
8. The above	e named entity	submits this statement	for the purpose of cha	nging its register	ed office or regi	stered agent, or both	, in the State of Florida.			
									•	
SIGNATURE .		or printed name of registered age			uired when reinstating)	11. MAKE CHECK PA	DATE Yarif to Dep	T. OF STATE		
9. Capital Co as Shown	on record,	\$544,500.00	in FLOF	of Capital Contri		ICTEDED AND A	SEE REVERSE SI	DE FOR FEE IN		
A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the					; an amendn	nent must be filed	to change a genera	al partner.		
12.	P94000056		IER INFORMATION	13.						(66/6)
NAME DREXEL ASSOCIATES, INC.  STREET ADDRESS CITY-ST-ZIP  DOCUMENT.#			LL, SUITE 300		EET ADDRESS	- 10	12/24/00			ന
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14. 1 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 revisignature 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										
CICALATICE TICOLUTED INT.										
SIGNATURE: Date Daysme Phone #										