

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004600 AF

DOCUMENT # **A94000001048**

1. Entity Name

**DREXEL, LTD.**

**FILED**

**01 APR -9 PM 12:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1674 MERIDIAN AVE., STE. 210  
MIAMI BEACH FL 33138**

**1674 MERIDIAN AVE., STE. 210  
MIAMI BEACH FL 33138**

2. Principal Place of Business

3. Mailing Address

**524 ARTHUR GODFREY RD**

**524 ARTHUR GODFREY RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**301**

**301**

City & State

City & State

**MIAMI BEACH, FL.**

**MIAMI BEACH, FL.**

Zip

Country

Zip

Country

**33140**

**33140**

4. FEI Number

**65-0507826**

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

**GLUECKMANN, FERDINAND**

**1674 MERIDIAN AVE., SUITE 208**

**MIAMI BEACH FL 33139**

Name

**F. GLUECKMANN**

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

**524 ARTHUR GODFREY RD # 301**

City

**MIAMI BEACH**

**FL**

Zip Code

**33140**

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)

DATE

9. Capital Contributions as Shown on record.

**\$544,500.00**

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 # **P94000056642**  
NAME **DREXEL ASSOCIATES, INC.**  
STREET ADDRESS **C/O 1111 LINCOLN ROAD MALL, SUITE 300**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**600004009376-1**

**-04/16/01--01010--019**

**\*\*\*526.25 \*\*\*526.25**

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

**4/5/01**  
Date

**305-532-9551**  
Daytime Phone #

CR2E003 (11/00)