

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A94000001307

**1. Entity Name**  
BB HUDSON LTD.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
523 MICHIGAN AVENUE  
MIAMI BEACH FL 33139

**Mailing Address**  
523 MICHIGAN AVENUE  
MIAMI BEACH FL 33139-6317

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0525698 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
FRYD, JONATHAN  
523 MICHIGAN AVENUE  
MIAMI BEACH FL 33139

**7. Name and Address of New Registered Agent**  
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.**

**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 # NAME STREET ADDRESS CITY - ST - ZIP	P94000044722 1234 GROUP, INC. 523 MICHIGAN AVENUE MIAMI BEACH FL 33139	STREET ADDRESS CITY - ST - ZIP	500003099865--7 -01/14/00--01/04--011 ****141.25 ****141.25
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**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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** SIGNATURE OF RESOLUTION FRYD **1-5-00** **305-673-2948**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #