

2001 UNIFORM BUSINESS REPORT (UBR)

0020454 SP

DOCUMENT # A95000000182

1. Entity Name

1244 PENN ASSOCIATES, LTD.

FILED

01 APR 10 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1632 PENNSYLVANIA AVE.
MIAMI BEACH FL 33139

Mailing Address

1632 PENNSYLVANIA AVE.
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0579076

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBINS, CRAIG
1632 PENNSYLVANIA AVE.
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.

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.

\$1,000.00

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 # P95000009379
NAME 1244 PENN ASSOCIATES, INC.
STREET ADDRESS 1632 PENNSYLVANIA AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information indicated on this report is true and correct, and the receiver or trustee empowered to receive the same does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

- President 3/25/01 (305) 531-8700

Date

Daytime Phone #

CR2E003 (11/00)