

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000812**
 1. Entity Name
NEW ARENA SQUARE NORTH & SOUTH, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 14 PM 3:08

Principal Place of Business
**C/O SALOMON YUKEN
 750 COLLINS AVENUE, SUITE #1
 MIAMI BEACH FL 33139**

Mailing Address
**C/O SALOMON YUKEN
 750 COLLINS AVENUE, SUITE #1
 MIAMI BEACH FL 33138-3307**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1023 NW 3rd Ave

3. Mailing Address
1023 NW 3rd Ave

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33136

Zip
33136

Country

Country

4. FET Number **65-0673627** Applied For
 Not Applicable

5. Certificate of Status Desired \$9.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**YUKEN, SALOMON
 750 COLLINS AVE., APT. #1
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
 Name **YUKEN, SALOMON**
 Street Address (P.O. Box Number is Not Acceptable)
10101 E. Bay Harbor Dr. #704
 City **Bay Harbor Isl, FL** Zip Code **33154**

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 DATE

9. Capital Contributions as Shown on record. **\$7,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

PLEASE MAKE CHECK PAYABLE TO DEPT. OF STATE

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 #	P96000038875
NAME	NEW ARENA SQUARE CORPORATION
STREET ADDRESS	750 COLLINS AVE., APT. 1
CITY - ST - ZIP	MIAMI BEACH FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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CITY - ST - ZIP	

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-04/20/00--01088-006
*****535.00 ***535.00**

NYC
4/11

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: DATE **4/04/00 (305) 372 1383**