## 2000 UNIFORM BUSINESS REPORT (UBR)

				<u> </u>	_		
DOCUMENT # A9600001658					Sec. Filter		
NEW RIVER ASSOCIATES, LTD.				DIVISION OF CORPUR	MIE ATIONO – O		
Principal Place of Business Mailing Address  115 NW 167TH STREET. SUITE #300 115 NW 167TH STREET. S NORTH MIAMI BEACH FL 33169 NORTH MIAMI BEACH FL					OUNTING OF CORPOR.	05	
				<u> </u>			
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0700400	Applied For Not Applicable		
Zip Country		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		Alama a	7. Name and Address of New Registere	ed Agent	
NIDO ODOUO INO				Name			
NRD GROUP, INC. 115 NW 167TH STREET, SUITE #300				Street Address	eet Address (P.O. Box Number is Not Acceptable)		
NORTH MIAMI BEACH FL 33169				·			
				City FL Zip Code			
8. The above	named entity submits this statement to	r the purpose of changing its	registere	ed office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registere	d Agent signature require	d when reinstating) DAT	Е	
9. Capital Contributions as Shown on record. \$1,300,000.00 In FLORIDA to date.				butions	11. MAKE CHECK PAYAI SEE REVERSE SIDE	BLE TO DEPT. OF STATE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST NOTE: General Partners MAY NOT be changed on the form; an					EGISTERED AND ACTIVE WITH THIS OFFICE.  Idment must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY			
DOCUMENT #	P9600073762 NRD GROUP, INC. 115 NW 167TH STREET, SUITE #300 NORTH MIAMI BEACH FL 33169		STRE	EET ADDRESS			
NAME							
STREET ADORESS CITY - ST - ZIP			CITY	Y-SI-JP 2000032685727 -05/26/0001078005			
DOCUMENT# NAME			STRE	EET ADDRESS	****526.25 	****526.25	
STREET ADDRESS CITY - ST - ZIP			CITY	-ST-ZIP			
DOCUMENT#			STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT#			STRI	EET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CITY	-ST-ZIP			
DOCUMENT#			STRI	EET ADDRESS	·		
STREET ADORESS	,		спу	-ST-ZIP			
DOC			STRI	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and wer or trustee empowered to execute thi	n this filing does not qualify for that my signature shall have t is report as required by Chapt	the exe the same ter 620,	mption stated in S e legal effect as if Florida Statutes	section 119.07(3)(i), Florida Statutes. I further made under oath; that I am a General Partne	certify that the information or of the limited partnership or	