

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005981 AF

**DOCUMENT #** A96000001658

1. Entity Name

NEW RIVER ASSOCIATES, LTD.

**FILED**

01 APR 26 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
115 NW 167TH STREET, SUITE #300  
NORTH MIAMI BEACH FL 33169

**Mailing Address**  
115 NW 167TH STREET, SUITE #300  
NORTH MIAMI BEACH FL 33169

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** 65-0700400  
Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

NRD GROUP, INC.  
115 NW 167TH STREET, SUITE #300  
NORTH MIAMI BEACH FL 33169

**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.** \$1,300,000.00

**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 #	P96000073762
NAME	NRD GROUP, INC.
STREET ADDRESS	115 NW 167TH STREET, SUITE #300
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169
DOCUMENT #	
NAME	
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*Handwritten initials and date: BJ 4/26*

**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:** *Jaqueline P. ...* **Signature and typed or printed name of signing general partner**

**Date:** 4/9/01 **Daytime Phone #:** 305 624 1500

CR2E003 (11/00)