

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001952**

1. Entity Name
1744 NW 36TH ST, LTD.

FILED

00 APR 13 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**419 WEST 49TH STREET, #106
HIALEAH FL 33012-3602**

Mailing Address
**419 WEST 49TH STREET, #106
HIALEAH FL 33012-3655**

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

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

City & State
Zip Country

4. FEI Number **65-0704549**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**1744 NW 36TH ST, L.C.
419 WEST 49TH STREET, #106
HIALEAH FL 33012-3602**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$760,000.00** 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 #	L96000001106		STREET ADDRESS	
NAME	1744 NW 36TH ST, L.C.		CITY - ST - ZIP	
STREET ADDRESS	419 WEST 49TH STREET, #106			
CITY - ST - ZIP	HIALEAH FL 33012-3602			
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CITY - ST - ZIP				

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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *James Q Fisher* 1/10/00 305 556 6627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #