

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005162 AF

DOCUMENT # **A97000001095**

1. Entity Name

900 W. 49TH STREET, LTD.

FILED

01 APR -6 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4960 S.W. 72ND AVE.  
MIAMI FL 33155

Mailing Address

4960 S.W. 72ND AVE.  
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4960 SW 72 AVE  
Suite, Apt. #, etc. 400

3. Mailing Address

4960 SW 72 AVE  
Suite, Apt. #, etc. 400

City & State

miami FL

City & State

miami FL

4. FEI Number

65-0758133

Applied For

Not Applicable

Zip

33155

Country

Zip

33155

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.  
2 SOUTH BISCAYNE BLVD., SUITE 3550  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name The Richard Brandon Company  
Street Address (P.O. Box Number is Not Acceptable)  
4960 SW 72 Ave Suite 400  
City miami FL Zip Code 33155

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.

\$100.00

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

DOCUMENT # P00000049003  
NAME 900 MANAGEMENT CORP.  
STREET ADDRESS 4960 S.W. 72ND AVE.  
CITY-ST-ZIP MIAMI FL 33155

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4960 SW 72 AVE., Suite 400  
CITY-ST-ZIP miami, FL 33155

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 R Brandon Lurie, U.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)