

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001109**

1. Entity Name  
**MONTE CARLO ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 25 AM 3:05

Principal Place of Business  
% THOMAS C. COBB. ESQ.  
1399 S.W. FIRST AVE., # 301  
MIAMI FL 33130

Mailing Address  
% DACRA MONTE CARLO ASSOCIATES, INC.  
230 FIFTH STREET  
MIAMI BEACH FL 33139-6602



2. Principal Place of Business  
**1632 Pennsylvania Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**1632 Pennsylvania Ave**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami Beach FL**

City & State  
**Miami Bch, FL**

4. FEI Number **65-0847165** Applied For  
Not Applicable

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

Zip Country Zip Country  
**33139 USA 33139 USA**

6. Name and Address of Current Registered Agent  
**COBB, THOMAS C ESQ.  
COBB & EBBIN P.A.  
1399 S.W. FIRST AVE., #301  
MIAMI FL 33130**

7. Name and Address of New Registered Agent  
Name **CRAIG Robins**  
Street Address: P.O. Box Number is Not Acceptable  
**1632 Pennsylvania Ave**  
City **Miami Bch** FL Zip Code **33139**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P98000038771 DACRA MONTE CARLO ASSOCIATES, INC. 230 FIFTH STREET MIAMI BEACH FL 33139</b>	STREET ADDRESS CITY - ST - ZIP	<b>1632 Pennsylvania Ave Miami Bch, FL 33139</b>
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14. I hereby certify that the information supplied in 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** **4/19/00** **(305) 531-8700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)