

2002 UNIFORM BUSINESS REPORT (UBR)

0001736 AV

DOCUMENT # A98000001230

1. Entity Name

1802 ASSOCIATES, LTD.

FILED

02 MAY 20 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

404 WASHINGTON AVENUE, SUITE 120
MIAMI BEACH FL 33139

Mailing Address

404 WASHINGTON AVENUE, SUITE 120
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0844792

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, BRIAN A
C/O THOMSON MURARO RAZOOK & HART, P.A.
ONE SE 3RD AVENUE 17TH FLOOR
MIAMI FL 33131

Name HART, BRIAN A

Street Address (P.O. Box Number is Not Acceptable)
ADORNO & ZEDER

2601 S. Bayshore Drive, 16th Floor

City Miami

FL

Zip Code 33133

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.

DATE

9. Capital Contributions
as Shown on record.

\$649,823.00

10. Amount of Capital Contributions
in FLORIDA to date.

935,695.00

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 # P98000043755
NAME 1802 ASSOCIATES G.P. INC.
STREET ADDRESS 404 WASHINGTON AVENUE, SUITE 120
CITY-ST-ZIP MIAMI BEACH FL 33139

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 provided by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)