

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000002190**

1. Entity Name  
**MIAMI AVENUE ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*mf*  
*(8141.25)*

Principal Place of Business  
**230 FIFTH STREET  
MIAMI BEACH FL 33139**

Mailing Address  
**230 FIFTH STREET  
MIAMI BEACH FL 33139-6602**

00 APR 25 AM 3:05



2. Principal Place of Business  
*1632 Pennsylvania Ave*

3. Mailing Address  
*1632 Pennsylvania Ave*

DO NOT WRITE IN THIS SPACE

City & State  
*Miami Beach, FL*

City & State  
*Miami Beach, FL*

Zip  
*33139*

Country  
*USA*

Zip  
*33139*

Country  
*USA*

4. FEI Number  
**65-0868953**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EBIN, LINDA**  
**1399 S.W. FIRST AVENUE, SUITE 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 Beach FL*

Zip Code  
*33139*

8. The above named entity signed 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	
DOCUMENT #	<b>P98000081056</b>
NAME	<b>MIAMI AVENUE ASSOCIATES, INC.</b>
STREET ADDRESS	<b>230 FIFTH STREET</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>1632 Pennsylvania Ave</i>
CITY - ST - ZIP	<i>Miami Beach, FL 33139</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>800003256348--0</b>
CITY - ST - ZIP	<b>-05/17/00--01088--001</b>
STREET ADDRESS	<b>****141.25 ****141.25</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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 REQUIRED** *4/19/00* *(305) 531-8700*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)