

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002190

1. Entity Name

MIAMI AVENUE ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

nf
(8141.25)

Principal Place of Business

230 FIFTH STREET
MIAMI BEACH FL 33139

Mailing Address

230 FIFTH STREET
MIAMI BEACH FL 33139-6602



2. Principal Place of Business

1632 Pennsylvania Ave

3. Mailing Address

1632 Pennsylvania Ave

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0868953

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

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 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.

\$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 # P98000081056
NAME MIAMI AVENUE ASSOCIATES, INC.
STREET ADDRESS 230 FIFTH STREET
CITY - ST - ZIP MIAMI BEACH FL 33139

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1632 Pennsylvania Ave

CITY - ST - ZIP

Miami Beach, FL 33139

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/19/00 (305) 531-8700

CR2E003 (9/99)