

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002190

1. Entity Name
MIAMI AVENUE ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

mf
(8141.25)

00 APR 25 AM 3:05

Principal Place of Business Mailing Address

230 FIFTH STREET 230 FIFTH STREET
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-6602



2. Principal Place of Business 3. Mailing Address

1632 Pennsylvania Ave *1632 Pennsylvania Ave*

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State

Miami Beach, FL *Miami Beach, FL*

Zip Country Zip Country

33139 *USA* *33139* *USA*

4. FEI Number Applied For

65-0868953 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 State Zip Code
Miami Beach FL 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 _____ (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
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	800003256348--0
CITY - ST - ZIP	-05/17/00--01088--001
STREET ADDRESS	****141.25 ****141.25
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** _____

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

4/19/00 *(305) 531-8700*

CR2E003 (9/99)