

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002492**

1. Entity Name
63RD STREET ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

Principal Place of Business
ATTN: CRAIG ROBINS
230 FIFTH STREET
MIAMI FL 33139

Mailing Address
ATTN: CRAIG ROBINS
230 FIFTH STREET
MIAMI FL 33139-6602



DO NOT WRITE IN THIS SPACE

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

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

City & State
Miami Bch, FL
Zip
33139

City & State
Miami Bch, FL
Zip
33139

4. FEI Number **65-0898924**

Applied For
Not Applicable

Country
USA

Country
USA

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

6. Name and Address of Current Registered Agent

ROBINS, CRAIG
230 FIFTH STREET
MIAMI FL 33139

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. **\$10,000.00**

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 # **P98000091173**
NAME **63RD STREET 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 Bch, FL 33139**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
~~980003256459 4~~
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DOCUMENT #
NAME
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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 required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/19/00** Daytime Phone # **(305) 531-8200**

CRZE003 (9/99)