

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000148

1. Entity Name

MCCRORY DESIGN ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business

C/O CRAIG ROBINS
230 FIFTH STREET
MIAMI BEACH FL 33139

Mailing Address

C/O CRAIG ROBINS
230 FIFTH STREET
MIAMI BEACH FL 33139-6602

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

Country

USA

City & State

Miami Bch, FL

Zip

33139

Country

USA

4. FEI Number

650925477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



[Handwritten signature]

6. Name and Address of Current Registered Agent

ROBINS, CRAIG
230 FIFTH STREET
MIAMI BEACH 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

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.

\$5,000.00

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 # P99000006282
NAME MCCRORY DESIGN 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

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DOCUMENT #

NAME

STREET ADDRESS

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CITY - ST - ZIP

14. I hereby certify that the information supplied on 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

Daytime Phone #

4/19/00 (305) 531-8700

CR2E003 (9/99)