

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003883 AF

DOCUMENT # **A99000000453**

1. Entity Name

CRAFTSMAN MALL LIMITED PARTNERSHIP

01 MAY -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

235 LINCOLN ROAD, PH 400
MIAMI BEACH FL 33139

Mailing Address

235 LINCOLN ROAD, PH 400
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

141 NE 3RD AVE

Suite, Apt. #, etc.

7TH FLOOR

City & State

MIAMI FLORIDA

Zip

33139

Country

U.S.A.

3. Mailing Address

141 NE 3RD AVE

Suite, Apt. #, etc.

7TH FLOOR

City & State

MIAMI FLORIDA

Zip

33139

Country

USA

4. FEI Number

65-0912019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, SHAMIRA

BERMAN WOLFE & RENNERT, P.A.

100 SE 2ND ST., NATIONSBANK TOWER, #3500

MIAMI FL 33131-2130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

\$1,294,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,294,000.00

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 # **P99000025960**
NAME **CRAFTSMAN MALL, INC.**
STREET ADDRESS **235 LINCOLN MALL, PH 400**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

141 N.E. 3RD AVE, 7TH FLOOR

CITY-ST-ZIP

MIAMI FLORIDA 33132

STREET ADDRESS

CITY-ST-ZIP

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-05/18/01--01125--006

******526.25 ****526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E003 (11/00)

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

4/26/01
Date

305-379-0007
Daytime Phone #