

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001797

1. Entity Name

85TH STREET ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 26 PM 1:25

Principal Place of Business

ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

Mailing Address

2307 S.W. 37TH AVENUE, SUITE 401
CORAL GABLES FL 33145-3044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2103 CORAL WAY
Suite, Apt. #, etc.
201

3. Mailing Address

2103 Coral way
Suite, Apt. #, etc.
201

City & State

MIAMI FL

City & State

Miami, FL

4. FEI Number

65-0961397

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33145

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

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.

\$120,000.00

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 # L99000003751
NAME DIVERSIFIED INVESTMENT ASSOCIATES, LLC.
STREET ADDRESS 2103 CORAL WAY
CITY - ST - ZIP CORAL GABLES FL 33145

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2103 Coral Way Suite 201
CITY - ST - ZIP Miami FL 33145

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

400003349304--6
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APRIL 28/2000 (305) 858-6233

Date

Daytime Phone #