

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000461

1. Entity Name
647 WEST 174TH STREET ASSOCIATES, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 24 AM 9:55

Principal Place of Business
210 Knickerbocker Road
Cresskill, NJ 07626

Mailing Address
210 Knickerbocker Road
Cresskill, NJ 07626

2. Principal Place of Business
210 Knickerbocker Road
Suite, Apt. #, etc.

3. Mailing Address
210 Knickerbocker Road
Suite, Apt. #, etc.

City & State
Cresskill, NJ

City & State
Cresskill, NJ

Zip
07626

Country
USA

Zip
07626

Country
USA

4. FEI Number
22-2682292

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Norman S. Weinstein
320 SE Mizner Boulevard
Suite 1102
Boca Raton, FL 33432

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. \$7,500.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B99000000461	STREET ADDRESS	
NAME	Norman S. Weinstein	CITY-ST-ZIP	
STREET ADDRESS	320 SE Mizner Blvd #1102		
CITY-ST-ZIP	Boca Raton, FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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:  3/9/00 (201) 568-6875

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

CR2E003 (9/99)