2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000081056** Apr 27, 2000 8:00 am Secretary of State # 1738 MIAMI AVENUE ASSOCIATES, INC. 04-27-2000 90047 038 ***150.00 Principal Place of Business Mailing Address 230 FIFTH STREET 230 FIFTH STREET MIAMI BEACH FL 33139-6602 MIAMI BEACH FL 33139 2. Principal Place of Business (632 Pennsylven: a Ave 3. Mailing Address 1632 Pennsulvania Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For -City & State City & State 4. FEI Number 65-0868953 Not Applicable 77.am! \$8.75 Additional 5. Certificate of Status Desired USX Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ROBINS, CRAIG 230 5TH ST. MIAMI BEACH FL 33139 or the purpose of changing its registered office or registered agent, or both, in the State of Florida this statemen 8. The above named entity SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **DPS** TITLE Delete TITLE ROBINS, CRAIG 1632 Pennsylvanin Ave Mrami Beach, = 23139 Phange Addition NAME STREET ADDRESS 230 FIFTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 TITLE ☐ Delete TITLE **GRETENSTEIN, STEVEN** NAME NAME 1632 Pennsylvania Ave STREET ADDRESS STREET ADDRESS 230 5TH ST. niani Beach, Fc CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 TITLE Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF

13. 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 or supplemental or this true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee the two gred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address. Without other like impowered.

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

GIGNATURE AND TYPED OR PROTED IN SIGNING OFFICER OR DIRECTOR

4/19/00

305) 531-870

Daytime Phone #

☐ Change

CR2E034 (9/9

☐ Addition