

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000081056

1. Entity Name  
MIAMI AVENUE ASSOCIATES, INC.



Principal Place of Business  
1632 PENNSYLVANIA AVE  
MIAMI BEACH, FL 33139

Mailing Address  
1632 PENNSYLVANIA AVE  
MIAMI BEACH, FL 33139



02122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0868953

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROBINS, CRAIG  
1632 PENNSYLVANIA AVE  
MIAMI BEACH, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000101111  
04/01/04-80035-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	ROBINS, CRAIG
STREET ADDRESS	1632 PENNSYLVANIA AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP
NAME	GRETENSTEIN, STEVEN
STREET ADDRESS	1632 PENNSYLVANIA AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report is 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MIAMI AVENUE ASSOCIATES, INC.

SIGNATURE:

Vice President

2/13/04

(305) 531-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #