

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002190
1. Entity Name
 MIAMI AVENUE ASSOCIATES, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

mf
 (\$141.25)

00 APR 25 AM 3:05

Principal Place of Business **Mailing Address**
 230 FIFTH STREET 230 FIFTH STREET
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-6602



2. Principal Place of Business **3. Mailing Address**
1632 Pennsylvania Ave *1632 Pennsylvania Ave*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**
Miami Beach, FL *Miami Beach, FL*
Zip **Country** **Zip** **Country**
33139 *USA* *33139* *USA*

4. FEI Number **Applied For**
 65-0868953 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 EBIN, LINDA
 1399 S.W. FIRST AVENUE, SUITE 301
 MIAMI FL 33130

7. Name and Address of New Registered Agent
Name *Craig Robins*
Street Address (P.O. Box Number is Not Acceptable)
1632 Pennsylvania Ave
City *Miami Beach* **FL** **Zip Code** *33139*

8. The above named entity signed this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.**
 \$1,000.00

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 #	P98000081056
NAME	MIAMI AVENUE ASSOCIATES, INC.
STREET ADDRESS	230 FIFTH STREET
CITY - ST - ZIP	MIAMI BEACH FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>1632 Pennsylvania Ave</i>
CITY - ST - ZIP	<i>Miami Beach, FL 33139</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: _____ **SIGNATURE REQUIRED** *4/19/00* *(305) 531-8700*
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)