

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000601**

1. Entity Name
DACRA DESIGN ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05



Principal Place of Business
**230 FIFTH STREET
MIAMI BEACH FL 33139**

Mailing Address
**230 FIFTH STREET
MIAMI BEACH FL 33139-6602**

2. Principal Place of Business
1632 Pennsylvania Ave
Suite, Apt. #, etc.

3. Mailing Address
1632 Pennsylvania Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Bch, FL

City & State
Miami Bch, FL

4. FEI Number **65-0569350** Applied For Not Applicable

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

Zip **33139** Country **USA** Zip **33139** Country **USA**

6. Name and Address of Current Registered Agent
**ROBINS, CRAIG
230 FIFTH STREET
MIAMI BEACH FL 33139**

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 Bch** FL Zip Code **33139**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P94000032681	NAME DACRA DESIGN ASSOCIATES, INC.	STREET ADDRESS 1632 Pennsylvania Ave	
STREET ADDRESS 230 FIFTH STREET	CITY - ST - ZIP MIAMI BEACH FL 33139	CITY - ST - ZIP Miami Bch, FL 33139	
DOCUMENT #	NAME	STREET ADDRESS 900003259959-0	
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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 REQUIRED** **4/19/00** (305) 531-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR 2E003 (9/99)