

2001 UNIFORM BUSINESS REPORT (UBR)

0020454 SP

DOCUMENT # **A95000000182**

1. Entity Name
1244 PENN ASSOCIATES, LTD.

FILED

nf

01 APR 10 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1632 PENNSYLVANIA AVE.
MIAMI BEACH FL 33139**

Mailing Address
**1632 PENNSYLVANIA AVE.
MIAMI BEACH FL 33139**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
65-0579076

Applied For
 Not Applicable

Zip Country

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**

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 _____ DATE **3/25/01**
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	
DOCUMENT #	P95000009379
NAME	1244 PENN ASSOCIATES, INC.
STREET ADDRESS	1632 PENNSYLVANIA AVE.
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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
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	
STREET ADDRESS	
CITY-ST-ZIP	

**000004014580--7
-04/18/01--01008--018
****141.25 ****141.25**

14. I hereby certify that the information indicated on this report is true and accurate and the receiver or trustee empowered to receive the same does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

- President 3/25/01 (305) 531-8700
Date Daytime Phone #

CR2E003 (11/00)