

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004456
AF

DOCUMENT # **A00000000347**

1. Entity Name

HALF-CIRCLE PROPERTY, LTD.

01 APR 30 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**230 FIFTH STREET
C/O CRAIG ROBINS
MIAMI BEACH FL 33139**

Mailing Address

**230 FIFTH STREET
C/O CRAIG ROBINS
MIAMI BEACH FL 33139**



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 Beach, FL

City & State

Miami Beach FL

4. FEI Number

650986414

Applied For

Not Applicable

Zip

33139

Country

Zip

33139

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRETENSTEIN, STEVEN
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 Avenue
City **Miami Beach** 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

Signature, typed or printed name of registered agent, if applicable. (NOT: Registered Agent signature required when reinstating)

3/25/01
DATE

9. Capital Contributions
as Shown on record.

\$100,000.00

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 # **P0000020024**
NAME **HALF-CIRCLE PROPERTY, INC.**
STREET ADDRESS **230 FIFTH STREET**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1632 Pennsylvania Avenue**
CITY-ST-ZIP **Miami Beach, FL 33139**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **300004221853--4**
CITY-ST-ZIP **05/17/01--01031--027**
*******88.75 *****88.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **300004221853--4**
CITY-ST-ZIP **05/17/01--01031--028**
******437.50 *****88.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **437.50**

DOCUMENT #
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vice President 3/25/01 (305) 531-8700

Date Daytime Phone #

CR2E003 (11/00)