

2002 UNIFORM BUSINESS REPORT (UBR)

0001724 AV

DOCUMENT # **A93000000119**

1. Entity Name
LA RAMBLAS ASSOCIATES, LTD.

FILED

02 MAY -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

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.

DUE BY MAY 1, 2002

City & State

4. FEI Number **65-0434297**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAIG ROBINS,
1632 PENNSYLVANIA AVE.
MIAMI BEACH FL 33139**

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

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 # **V66352**
NAME **LA RAMBLAS DEVELOPMENT CORP.**
STREET ADDRESS **1632 PENNSYLVANIA AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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.

LA RAMBLAS Development Corp, General P+R

SIGNATURE: _____ **SIGNATURE REQUIRED** *Pres. 4/13/02 (305) 531-8700*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE