

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000394

1. Entity Name

MILAN-DAVIS PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33

Principal Place of Business

17 DAVIS BOULEVARD
TAMPA FL 33606

Mailing Address

111 EAST 61ST ST.
NEW YORK NY 10021-8101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3492930

Applied For

Not Applicable

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

Name

OMAR K. LIGHTFOOT, JR.

Street Address (P.O. Box Number is Not Acceptable)

9385 N. 56TH ST., SUITE 202

City

TEMPLE TERRACE

FL

Zip Code

33617

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 OMAR K. LIGHTFOOT, JR.

OMAR K. LIGHTFOOT, JR.

05/10/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

\$99,000.00

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 # P98000012346
NAME SEVENTEEN DAVIS REALTY CORPORATION
STREET ADDRESS 111 EAST 61ST STREET
CITY - ST - ZIP NEW YORK NY 10021

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

SIGNATURE:

SIGNATURE REQUIRED

4-5-00

(212)588-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #