

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A99000000817**

1. Entity Name  
**THE MIDA LIMITED PARTNERSHIP**

FILED

01 MAY 21 AM 7:52



Principal Place of Business: C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLACE, SUITE 700 MIAMI FL 33131

Mailing Address: C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLACE, SUITE 700 MIAMI FL 33131

2. Principal Place of Business: **799 Brickell Pl.**

Suite, Apt. #, etc.: **700**

3. Mailing Address

Suite, Apt. #, etc.

City & State: **MIAMI, FL 33131**

City & State

Zip: **33131** Country

Zip Country

DO NOT WRITE IN THIS SPACE

**65-0922708**

4. FEI Number **APPLIED FOR**

Applied For Not Applicable

6. Name and Address of Current Registered Agent

**JONATHAN H. GREEN & ASSOCIATES, P.A.**  
**799 BRICKELL PLACE, SUITE 700**  
**MIAMI FL 33131**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$5,000,000.00**

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 #	CAIRO, GASTON	STREET ADDRESS	9000004423439--2
NAME	799 BRICKELL PLAZA, SUITE 700	CITY-ST-ZIP	-06/18/01--01007--008
STREET ADDRESS	MIAMI FL 33131	CITY-ST-ZIP	***526.25 ***526.25
CITY-ST-ZIP			
DOCUMENT #	CAIRO, MARTHA L	STREET ADDRESS	
NAME	799 BRICKELL PLAZA, SUITE 700	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL 33131	CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
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 REQUIRED** *[Signature]* Date: **3/18/01** Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)