

2002 UNIFORM BUSINESS REPORT (UBR)

0010850 AT

DOCUMENT # A01000000121

1. Entity Name

BOND & MEL MILLARD ENTERPRISES LIMITED PARTNERSH
IP

FILED

02 FEB -6 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1955 N.E. 149TH STREET
NORTH MIAMI FL 33181

Mailing Address

1955 N.E. 149TH STREET
NORTH MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

99 N. Post Oak Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 4108

City & State

City & State

Houston, TX

DUE BY MAY 1, 2002

4. FEI Number

65-1070451

Applied For

Not Applicable

Zip

Country

77024

Country

USA

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

~~MILLARD, WILLIAM B~~
~~1955 N.E. 149TH STREET~~
~~NORTH MIAMI FL 33181~~

Name
Morris Engelberg, Esquire

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

c/o Engelberg & Milgrim, P.L.
3230 Stirling Road, Suite 1

City
Hollywood, FL

FL Zip Code
33021

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 and title if applicable.

DATE

1-29-02

9. Capital Contributions
as Shown on record.

\$2,520,000.00

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 # P01000008407
NAME BOND & MEL MILLARD ENTERPRISES, INC.
STREET ADDRESS 1955 N.E. 149TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33181

STREET ADDRESS 99 N. Post Oak Lane, Apt. 4108
CITY-ST-ZIP Houston, TX 77024

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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

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE