

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28934**

1. Entity Name

AA/MIAMI GROUP, LTD.

Principal Place of Business

6600 S.W. 57TH AVE.  
MIAMI FL 33134

Mailing Address

6600 S.W. 57TH AVE.  
MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0146583

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSENFELD, STELLA A  
6600 S.W. 57TH AVE.  
SUITE 200  
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

WARREN BRYER

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

6600 S. W. 57 AVENUE

SUITE 200

City

MIAMI

FL

Zip Code  
33143

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

9. Capital Contributions  
as Shown on record.

\$12,870,000.00

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 # V58487  
NAME ABRAHAM/MIAMI, INC.  
STREET ADDRESS 4181 SW 8 STREET  
CITY-ST-ZIP MIAMI FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200005258182--2

-04/12/02--01082--028

\*\*\*\*535.00 \*\*\*\*535.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

ANTHONY R. ABRAHAM 4/4/02

Date

Daytime Phone #

CR2E003 (9/01)

0009910 AT