

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001/542  
A1

DOCUMENT # A01000000121

1. Entity Name  
**BOND & MEL MILLARD ENTERPRISES LIMITED PARTNERSH  
IP**



FILED

03 MAR -7 AM 9:56

Principal Place of Business  
**1955 N.E. 149TH STREET  
NORTH MIAMI FL 33181**

Mailing Address  
**99 N. POST OAK LANE. APT 4108  
HOUSTON TX 77024**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **65-1070451**

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

**ENGELBERG, MORRIS ESQ  
C/O ENGELBERG & MILGRIM, P.L.  
3230 STIRLING ROAD, SUITE 1  
HOLLYWOOD FL 33021**

Name

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

**800013636728**

**03/07/03--01004--003 \*\*526.25**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$2,520,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$5,964,389**

11. MAKE CHECK PAYABLE TO FL. 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 **99 N. POST OAK LANE, APT 4108**  
CITY-ST-ZIP **HOUSTON TX 77024**

STREET ADDRESS

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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

**WILLIAM BOND MILLARD PRESIDENT OF BOND & MEL MILLARD ENTERPRISES, INC.**

SIGNATURE

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/15/03**

Date

**713 688 1066**

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE