

2001 UNIFORM BUSINESS REPORT (UBR)

0009835 AF

DOCUMENT # A00000001782

1. Entity Name
MIAMI GARDENS PARK VENTURE TWO, LTD.

FILED

Principal Place of Business
**1000 BRICKELL AVENUE, SUITE 1200
MIAMI GARDENS FL 33131**

Mailing Address
**1000 BRICKELL AVENUE, SUITE 1200
MIAMI GARDENS FL 33131**

01 MAR -6 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

**DAVIS, BILL G
1000 BRICKELL AVENUE, SUITE 1200
MIAMI GARDENS FL 33131**

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. **\$1,000.00**

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 # **P16775**
NAME **HAMMOND VENTURE, INC.**
STREET ADDRESS **1000 BRICKELL AVENUE, SUITE 1200**
CITY-ST-ZIP **MIAMI GARDENS FL 33131**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/5/2001
Date

305-355-1000
Daytime Phone #

CR2E003 (11/00)