

2002 UNIFORM BUSINESS REPORT (UBR)

0008963 AT

DOCUMENT # A01000000086

1. Entity Name
THE MUY FAMILY LIMITED PARTNERSHIP

FILED
2002 FEB 25 PM 3:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
3251 EAST 11TH AVENUE
HIALEAH FL 33013

Mailing Address
3251 EAST 11TH AVENUE
HIALEAH FL 33013



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RICHMAN, SCOTT G ESQ.
19 WEST FLAGLER STREET, 14TH FLOOR
MIAMI FL 33130

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$1,000,000.00**

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

DOCUMENT #	P01000004676
NAME	MUY REALTY, INC.
STREET ADDRESS	3251 EAST 11TH AVENUE
CITY-ST-ZIP	HIALEAH FL 33013
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: **1/29/02** **305-836-0571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** **Daytime Phone #**

CR2E003 (9/01)