

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009080 AT

**DOCUMENT # A01000000086**



1. Entity Name  
**THE MUY FAMILY LIMITED PARTNERSHIP**

FILED  
03 JAN 29 PM 12:04

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

Mailing Address  
3251 EAST 11TH AVENUE  
HIALEAH FL 33013

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address  
**190 W. 51 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State  
**HIALEAH, FL**

4. FEI Number **APPLIED FOR**  
**030409564**

Applied For  
Not Applicable

Zip

Country

Zip  
**33012**

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

**RICHMAN, SCOTT G ESQ.**  
**19 WEST FLAGLER STREET, 14TH FLOOR**  
**MIAMI FL 33130**

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

SIGNATURE *Wai Han Chung*

**1/7/03**

DATE

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

STREET ADDRESS **190 W. 51 ST.**  
CITY-ST-ZIP **HIALEAH, FL 33012**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **200009982352**  
CITY-ST-ZIP **01/03/03--01028--012 \*\*150.00**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **200009982352**  
CITY-ST-ZIP **02/10/03--01119--002 \*\*376.25**

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STREET ADDRESS  
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: *Wai Han Chung*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/7/03**

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE