

2002 UNIFORM BUSINESS REPORT (UBR)

0009107 AT

DOCUMENT # A01000001144

1. Entity Name
MORTGAGE INVESTMENT GROUP 31, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WR 5/16

02 MAY -2 PM 1:20

Principal Place of Business
307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

Mailing Address
307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020



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
BIRDMAN, HARVEY
307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

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 _____ Signature, typed or printed name of registered agent and title if applicable. **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 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 #	L01000011312	STREET ADDRESS	
NAME	MIAMI RIVER HOTEL, LC	CITY-ST-ZIP	
STREET ADDRESS	307 SOUTH 21ST AVENUE		
CITY-ST-ZIP	HOLLYWOOD FL 33020		
DOCUMENT #		STREET ADDRESS	100005577381--5
NAME		CITY-ST-ZIP	-05/21/02--01062--012
STREET ADDRESS			****526.25 ****526.25
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NAME		CITY-ST-ZIP	
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: *Harvey Birdman* **4/30/02** **954** **922-6070**

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

CR2E003 (9/01)