

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19620

1. Entity Name
NMIP, LTD.

FILED

00 FEB -7 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% PHILLIP A. THOMAS
1233 ALEGRIANO AVENUE
CORAL GABLES FL 33146

Mailing Address
% PHILLIP A. THOMAS
1233 ALEGRIANO AVENUE
CORAL GABLES FL 33146-1105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2547476

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

THOMAS, PHILLIP A.
1233 ALEGRIANO AVENUE
CORAL GABLES FL 33146

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. \$715,000.00

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 # NAME STREET ADDRESS CITY - ST - ZIP | STREET ADDRESS CITY - ST - ZIP |
| THOMAS, PHILLIP A 1233 ALEGRIANO AVENUE CORAL GABLES FL | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | STREET ADDRESS CITY - ST - ZIP |
| GRANOFF, EDWARD 13000 S.W. 120 ST. MIAMI FL 33186 | 4000003129694--6 -02/09/00--01074--005 ****526.25 ****526.25 |
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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: Philip A. Thomas 1/17/00 305 471 2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)