

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020448 SP

**DOCUMENT # A24184**

1. Entity Name  
**MIAMI, LTD., II**

**FILED**

APR 23 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**401 MIRACLE MILE  
SUITE 302  
CORAL GABLES FL 33134**

Mailing Address  
**401 MIRACLE MILE  
SUITE 302  
CORAL GABLES FL 33134**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2803384**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARTINEZ, ARISTIDES  
401 MIRACLE MILE  
SUITE 302  
CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$2,966,500.00**

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 #     | <b>M46448</b>                |
| NAME           | <b>ARMART, INC.</b>          |
| STREET ADDRESS | <b>401 MIRACLE MILE #302</b> |
| CITY-ST-ZIP    | <b>CORAL GABLES FL</b>       |
| 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    |  |
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| CITY-ST-ZIP    |  |

**200004163412--0**  
**-05/08/01--01129-010**  
**\*\*\*\*\*535.00 \*\*\*\*\*535.00**

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:  **4/13/01** **705 446-3234**

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

CR2E003 (11/00)