

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

6/9/000  
AV

DOCUMENT # **A24184**

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



FILED

03 MAY 12 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

**MARTINEZ, ARISTIDES**

**401 MIRACLE MILE**

**SUITE 302**

**CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

**000018817158**

**05/12/03--01116--005 \*\*535.00**

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

Signature, typed or printed name of registered agent and title if applicable.

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

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/15/03 305-446-3234**

Date

Daytime Phone #

CR2E003 (10/02)