

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # A25648**

1. Entity Name

MILAM AIRPORT CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business

THREE GROVE ISLE DRIVE
NO. 510
MIAMI FL 33133

Mailing Address

5414 NW 72 AVE
MIAMI FL 33166-4224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0043335

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

FELLMAN, MARILYN

5414 N.W. 72 AVE
MIAMI FL 33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,250,000.00

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 # P98000065602
NAME MAC DEVELOPMENT CORP.
STREET ADDRESS 5414 N.W. 72ND AVENUE
CITY - ST - ZIP MIAMI FL 33166

STREET ADDRESS

CITY - ST - ZIP

300003349393--0
-08/08/00--01066--011

****376.25 ****376.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #