

2001 UNIFORM BUSINESS REPORT (UBR)

0006530 AF

DOCUMENT # **A25648**

1. Entity Name

MILAM AIRPORT CENTER, LTD.

FILED

01 APR 23 AM 10:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**THREE GROVE ISLE DRIVE
NO. 510
MIAMI FL 33133**

Mailing Address

**5414 NW 72 AVE
MIAMI FL 33166**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MIAMI FL

MIAMI FL

4. FEI Number

65-0043335

Applied For

Not Applicable

33166

Country

33166

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HELLMAN, MARILYN
5414 N.W. 72 AVE
MIAMI FL 33166**

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.

(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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800004190808--0

-05/03/01--01065--031

******150.00 ****150.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)