

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003904 AF

DOCUMENT # **A30402**

1. Entity Name  
**MIAMI GARDENS PARK, LTD.**

FILED

00 JAN 27 PM 3: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1000 BRICKELL AVE., SUITE 300  
MIAMI FL 33131**

Mailing Address  
**1000 BRICKELL AVE., SUITE 300  
MIAMI FL 33131-3004**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0211659** Applied For   
Not Applicable

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

**6: Name and Address of Current Registered Agent**

**DAVIS, BILL G  
1000 BRICKELL AVE., SUITE 300  
MIAMI FL 33131**

**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. **\$1,000.00** 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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P16775 HAMMOND VENTURE, INC. 1000 BRICKELL AVE., #300 MIAMI FL</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>300002119123--9 -02/01/00--01112--011 ****141.25 ****141.25</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

CR2E003 (9/99)

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: *Bill G. Davis* **Bill G. Davis** 1-21-2000 (305) 358-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #