

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31810**

1. Entity Name

MRTC ASSOCIATES LIMITED

Principal Place of Business

**2665 SOUTH BAYSHORE DRIVE, SUITE 202
COCONUT GROVE FL 33133**

Mailing Address

**2665 SOUTH BAYSHORE DRIVE, SUITE 202
COCONUT GROVE FL 33133**

2. Principal Place of Business

9400 S. Dadeland Blvd

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Address

9400 S. Dadeland Blvd

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33156

Country

USA

6. Name and Address of Current Registered Agent

WOHL, MICHAEL D.

**2665 SOUTH BAYSHORE DRIVE, SUITE 202
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name **Michael D. Wohl**

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

9400 S. Dadeland Blvd, Suite 100

City **Miami**

FL

Zip Code **33156**

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.

Michael D. Wohl

(NOTE: Registered Agent signature required when reinstating)

(305)854-7100

DATE

9. Capital Contributions
as Shown on record

\$500,000.00

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 # **S63268**
NAME **MIST ENTERPRISES, INC.**
STREET ADDRESS **2665 S. BAYSHORE DR, #202**
CITY-ST-ZIP **COCONUTE GROVE FL**

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **9400 S. Dadeland Blvd, #100**
CITY-ST-ZIP **Miami, Florida 33156**

STREET ADDRESS
CITY-ST-ZIP

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

Michael D. Wohl also **(305)854-7100**

Date

Daytime Phone #

FILED
01 FEB -8 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0277954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

0004117 AF

CR2E003 (11/00)