

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32213**

1. Entity Name

**M & M MAISON II, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 17 PM 6:20



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>GREATER MIAMI NEIGHBORHOODS, INC. 1460 BRICKELL AVE. SUITE 309 MIAMI FL 33131</b>	Mailing Address <b>8500 N.W. 25TH AVENUE MIAMI FL 33147-4177</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-0294243</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**DERAMON, GONZALO  
GREATER MIAMI NEIGHBORHOODS, INC.  
1460 BRICKELL AVE, SUITE 309  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$907,435.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>S89235</b>
NAME	<b>GMUL, INC.</b>
STREET ADDRESS	<b>8500 N.W. 25TH AVE.</b>
CITY - ST - ZIP	<b>MIAMI FL 33147</b>
DOCUMENT #	<b>S83636</b>
NAME	<b>GMN AFFD HSG PTNR II, INC</b>
STREET ADDRESS	<b>1460 BRICKELL AVE.</b>
CITY - ST - ZIP	<b>MIAMI FL 33147</b>
DOCUMENT #	<b>714512</b>
NAME	<b>THE URBAN LEAGUE OF GREATER MIAMI, INC.</b>
STREET ADDRESS	<b>8500 NW 25TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL 33147</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>400003182604--9</b>
CITY - ST - ZIP	<b>-03/24/00--111139--017</b>
STREET ADDRESS	<b>***535.00 ***535.00</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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, and 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]* **SIGNATURE REQUIRED** *[Signature]* **02/25/00** **(305) 696-4452**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)