

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - **A92000000233**

1. Entity Name

**MIOT FAMILY PARTNERSHIP, LTD.**

**FILED**

*mj*

**01 OCT -8 PM 12:17**

Principal Place of Business  
**1 S.E. 3RD AVENUE, 15TH FLOOR  
 MIAMI FL 33131**

Mailing Address  
**1 S.E. 3RD AVENUE, 15TH FLOOR  
 MIAMI FL 33131**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

City & State

City & State

4. FEI Number **65-0375820**

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

**MIOT, SANFORD B  
 1 S.E. 3RD AVENUE 15TH FLOOR  
 MIAMI FL 33131**

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 **\$5,000,000.00**  
 as Shown on record

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 # **P92000010623**  
 NAME **YARMI INVESTMENTS, INC.**  
 STREET ADDRESS **1 S.E. 3RD AVENUE 15TH FLOOR**  
 CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS  
 CITY-ST-ZIP  
 STREET ADDRESS **800004634868--8**  
 CITY-ST-ZIP **10/12/01 01043 024**  
**\*\*\*\*926.25 \*\*\*\*926.25**

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 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]* **6.P.** **9701** **305377-820**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)