

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000486

1. Entity Name

MICO TRADING LIMITED

FILED

00 JAN 24 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

8600 N.W. SOUTH RIVER DRIVE, SUITE 159  
MIAMI FL 33166

Mailing Address

8600 N.W. SOUTH RIVER DRIVE, SUITE 159  
MIAMI FL 33166-7448

2. Principal Place of Business

1 GROVE ISLE DR.

3. Mailing Address

1 GROVE ISLE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1502

1502

City & State

City & State

COCONUT GROVE FL

COCONUT GROVE-FL

Zip

Country

Zip

Country

33133

USA

33133

USA

4. FEI Number

65-0408336

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HICKS, PAUL F

8600 N.W. S. RIVER DRIVE

SUITE 159

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

PAUL F HICKS

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

1 GROVE ISLE DR.

APT 1502

City

COCONUT GROVE

FL

Zip Code

33133

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

*Paul F Hicks*

Signature, typed or printed name of registered agent, or both, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/00

9. Capital Contributions  
as Shown on record.

\$550,000.00

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 # P93000030797  
NAME MICO TRADE CORP.  
STREET ADDRESS 8600 N.W. SOUTH RIVER DRIVE, SUITE 159  
CITY - ST - ZIP MIAMI FL 33166

13. ADDRESS CHANGES ONLY

STREET ADDRESS

800003117908--0

CITY - ST - ZIP

-02/01/00--01047--016

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DOCUMENT #

NAME

STREET ADDRESS

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Paul F Hicks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/19/00

Date

(305) 858-9086

Daytime Phone #