## **2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR

A93000000486 DOCUMENT #

1. Entity Name MICO TRADING LIMITED



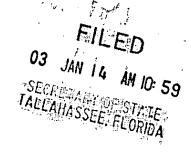
Principal Place of Business
1 GROVE ISLE DRIVE. SUITE 1502 COCONUT GROVE FL 33133

2. Principal Place of Business

Mailing Address
1 GROVE ISLE DRIVE. SUITE 1502 COCONUT GROVE FL 33133

3. Mailing Address







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Suite, Apt. #, etc.			Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
City & State			City & State		4. FEI Number 65-0408336 Applied For Not Applied be		
Zip -	- Coun		Zip·	Country	5. Certificate of Status Desired \$8:75 Additional Fee Required		
	6. Name and Ad	dress of Current Regis	stered Agent		7. Name and Address of New Registered Agent		
LHOVO DALIL E				Name			
HICKS, PAUL F 1 GROVE ISLE DRIVE, APT. 1502				Street Address (P.O. Box Number is Not Acceptable)			
COCONU	JT GROVE FL 3313	3	•	<u> </u>			
•	to a minimum on the				100010081281		
			- III	City	01/14/03-01000-003 <b>FF</b> * 79 Code		
the obligat	named entity submits tions of registered age	s this statement for the pent.	ourpose of changing its i	registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed na	arne of registered agent and title	if applicable.	•	DATE		
9. Capital Contributions as Shown on record. \$550,000.00			Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENER	AL PARTNER THAT al Partners MAY NO	IS A BUSINESS ENT OT be changed on the	FITY MUST BE REC	GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.		
12.		NERAL PARTNER INFO		13.	ADDRESS CHANGES ONLY		
DOCUMENT #	P93000030797			,,,,			
NAME	MICO TRADE CORP.			STREET ADDRESS	STREET ADDRESS		
STREET ADDRESS 8600 N.W. SOUTH RIVER DRIVE, SUITE MIAMI FL 33166			E 159	CITY-ST-ZIP	•		
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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:**