

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010708 AT

DOCUMENT # **A93000000994**

1. Entity Name  
**K.V. PROPERTIES NO. 1 LIMITED**



**FILED**  
**03 MAY -6 PM 1:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**MJH**

Principal Place of Business  
**11350 SW 95 ST.**  
**MIAMI FL 33176**

Mailing Address  
**11350 SW 95 ST.**  
**MIAMI FL 33176**



2. Principal Place of Business  
**13800 SW 8st**

3. Mailing Address  
**PO BOX 16-2086**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 103**

City & State

City & State

**MIAMI, FL**

**MIAMI, FL**

Zip

Country

Zip

Country

**33184**

**USA**

**33116**

**USA**

**DUE BY MAY 1, 2003**

4. FEI Number **65-0716706**

Applied For

Not Applicable

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

**STEFANO, MIRIAM**  
**11350 SW 95 ST**  
**MIAMI FL 33176**

Name **Miriam Stefano**

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

**13800 SW 8st #103**

City **MIAMI**

**FL**

Zip Code

**33184**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$490,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P95000094839**  
NAME **MIRANDY INVESTMENT CORP.**  
STREET ADDRESS **11350 SW 95 ST**  
CITY-ST-ZIP **MIAMI FL 33176**

STREET ADDRESS **P.O. BOX 16-2086**  
CITY-ST-ZIP **MIAMI, FL 33116-2086**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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. 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

**4/30/03 (305) 905-F166**  
Date Daytime Phone #

CR2E003 (10/02)