

2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

DOCUMENT # A95000001594

1. Entity Name
FIRC MIAMI GARDENS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 28 PM 1:29

Principal Place of Business 2299 DOUGLAS RD., 4TH FLOOR MIAMI FL 33145	Mailing Address 2299 DOUGLAS RD., 4TH FLOOR MIAMI FL 33145-3046
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0616243		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FIRC MANAGEMENT, INC. 2299 DOUGLAS RD., 4TH FLOOR MIAMI FL 33145			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 as Shown on record \$15,000.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	651835 FIRC MANAGEMENT, INC. 2299 DOUGLAS RD., 4TH FLOOR MIAMI FL 33145	STREET ADDRESS	300003313833-7 -07/05/00--01104--016 ****193.75 ****193.75
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

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** _____ Date _____ (305) 443-2508 Daytime Phone #

CP 1013 (9/99)