

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010073 AT

FILED ✓

02 JUN 24 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



**DUE BY MAY 1, 2002**

**DOCUMENT # A95000001594**  
 1. Entity Name  
**FIRC MIAMI GARDENS, LTD.**

Principal Place of Business <b>2299 DOUGLAS RD., 4TH FLOOR MIAMI FL 33145</b>	Mailing Address <b>2299 DOUGLAS RD., 4TH FLOOR MIAMI FL 33145</b>
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0616243</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**FIRC MANAGEMENT, INC.  
2299 DOUGLAS RD., 4TH FLOOR  
MIAMI FL 33145**

**7. Name and Address of New Registered Agent**

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

9. Capital Contributions as Shown on record: <b>\$15,000.00</b>	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 # <b>651835</b> NAME <b>FIRC MANAGEMENT, INC.</b> STREET ADDRESS <b>2299 DOUGLAS RD., 4TH FLOOR</b> CITY-ST-ZIP <b>MIAMI FL 33145</b>	STREET ADDRESS CITY-ST-ZIP <b>30006110353--4</b> <b>-07/01/02--01001--015</b> <b>****193.75 ****193.75</b>
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

CFR2E003 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_