

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000328

1. Entity Name

A.O.P. OF MIAMI, LTD.

FILED

02 MAY -3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE S.E. THIRD AVENUE
FIFTEENTH FLOOR
MIAMI FL 33131

Mailing Address

ONE S.E. THIRD AVENUE
FIFTEENTH FLOOR
MIAMI FL 33131

2. Principal Place of Business

200 SO. BISCAYNE BLVD.

3. Mailing Address

200 SO. BISCAYNE BLVD.

Suite, Apt. #, etc.

SIXTH FLOOR

Suite, Apt. #, etc.

SIXTH FLOOR

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip
33131

Country
US

Zip
33131

Country
US

4. FEI Number

65-0626343

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

BERKOWITZ, RICHARD A
ONE S.E. THIRD AVENUE
FIFTEENTH FLOOR
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH BISCAYNE BLVD.

SIXTH FLOOR

City
MIAMI

FL

Zip Code
33131

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

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

DATE

9. Capital Contributions
as Shown on record.

\$5,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F11581
NAME COM-JET CORP.
STREET ADDRESS 8235 N.W. 56 STREET
CITY-ST-ZIP MIAMI FL 33166

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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

4/26/02 305 379 7000

Date

Daytime Phone #

CP2E003 (9/01)

0001020 AV