

2000 UNIFORM BUSINESS REPORT (UBR)

0012568 AF

DOCUMENT # A96000002448

1. Entity Name

MINNESOTA HEIGHTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 PM 4: 53

Principal Place of Business

405-F ATLANTIS ROAD
CAPE CANAVERAL FL 32920

Mailing Address

P.O. BOX 928
CAPE CANAVERAL FL 32920-0928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3415776

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STRAKA, CHRISTOPHER J

405-F ATLANTIS ROAD

CAPE CANAVERAL FL 32920

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P96000103205
NAME M.H. PARTNERS GROUP I, INC.
STREET ADDRESS 405-F ATLANTIS ROAD
CITY - ST - ZIP CAPE CANAVERAL FL 32920

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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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

Christopher J. Straka

02/29/2000

407.799.4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

President

Date

Daytime Phone #

CR2E003 (9/99)

1000003153881--1



A96000002448

ACCOUNT NO. : 072100000032

REFERENCE : 607778 7120823

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pajut

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
00 MAR -1 PM 4:53

ORDER DATE : March 1, 2000

ORDER TIME : 3:01 PM

ORDER NO. : 607778-055

CUSTOMER NO: 7120823

CUSTOMER: Ms. Cynthia L. Rentz
Straka & Associates
405-f Atlantis Road

Cape Canaveral, FL 32920

ANNUAL REPORT FILING

2/1
3/1/00

NAME: MINNESOTA HEIGHTS, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: _____

RECEIVED
00 MAR -1 PM 3:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA