

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # A97000000654

1. Entity Name

00 MAR 20 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

rf 3/28

MJW ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

1101 Brickell Avenue  
Suite M101  
Miami, FL 33131

Same

2. Principal Place of Business

3. Mailing Address

~~Miami, FL~~ 1101 Brickell Ave

1101 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite M101

M101

City & State

City & State

Miami, FL

Miami, FL

Zip

Zip

Country

Country

33131

U.S.

33131

U.S.

4. FEI Number

Applied For

65-0743683

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

Stephen Danner  
1101 Brickell Avenue  
Suite M101  
Miami, FL 33131

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.

23,000,000

10. Amount of Capital Contributions  
in FLORIDA to date.

23,000,000

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MJW Associates, Inc.  
11900 Biscayne Blvd. Suite 200  
Miami, FL 33181  
997000022002

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
100003135641---9  
-04/04/00--01087--005  
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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:

By: *[Signature]* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/15/00

(305) 866-6434

Date

Daytime Phone #

CR2E003 (9/99)