

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004187 AF

**DOCUMENT # A97000000757**

1. Entity Name

**THE RAMON MIYAR FAMILY LIMITED PARTNERSHIP**

FILED

01 FEB 21 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2588 SW 27 AVENUE  
MIAMI FL 33133-2143**

Mailing Address  
**2588 SW 27 AVENUE  
MIAMI FL 33133-2143**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0752671** 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**

**GARCIA, EILEEN  
2588 SW 27 AVENUE  
MIAMI FL 33133-2143**

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. **\$372,446.99**

10. Amount of Capital Contributions in FLORIDA to date. **372,446.99**

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	<b>MIYAR, RAMON</b>
STREET ADDRESS	<b>12042 S.W. 10TH TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33184</b>
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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: *S. Garcia* **Signature and Typed or Printed Name of Signing General Partner** **Ramon Miyar, General Partner** **02-28-01 (305) 444-2213** **Date Daytime Phone #**

CR2E003 (11/00)