

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 A.M.
Secretary of State

DOCUMENT # A97000000757



1. Entity Name
THE RAMON MIYAR FAMILY LIMITED PARTNERSHIP

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
2655 LEJEUNE RD.

3. Mailing Address
2655 LEJEUNE Rd.

Suite, Apt. #, etc.
1015

Suite, Apt. #, etc.
1015

DUE BY MAY 1, 2003

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number **65-0752671**

Applied For
 Not Applicable

Zip **33134** Country **USA**

Zip **33134** Country **USA**

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. I am familiar with, and accept the obligations of registered agent.

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

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 FL. 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 **MIYAR, RAMON**
STREET ADDRESS **12042 S.W. 10TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33184**

STREET ADDRESS

CITY-ST-ZIP **500013523715**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP **03/04/03--01100--007 **526.25**

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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: Ramon Miyar **SIGNATURE REQUIRED** Ramon Miyar, Gen. Ptn. **02-21-03 (305)441-9036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)