

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000783

1. Entity Name
MZLTV, LTD.



FILED

03 JUL -7 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ATTN: ORIT
1755 NE 164TH STREET, 2ND FLOOR
NORTH MIAMI BEACH, FL 33162

Mailing Address
ATTN: ORIT
1755 NE 164TH STREET, 2ND FLOOR
NORTH MIAMI BEACH, FL 33162



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

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

DUE BY MAY 1, 2003

City & State
Zip Country

City & State
Zip Country

4. FEI Number
☒ 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

CALBUT, HOWARD
999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

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

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

DATE

9. Capital Contributions
as Shown on record. \$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P97000027008
NAME MZLTV CORP.
STREET ADDRESS 3511 WEST COMMERCIAL BLVD., #307
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

STREET ADDRESS 1755 NE 164th ST, OFFICE
CITY-ST-ZIP MIAMI BEACH, FL 33162

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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 employed to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)