

2000 UNIFORM BUSINESS REPORT (UBR)

0017787 AF

DOCUMENT # A97000001283

1. Entity Name

MIRAMAR PLACE PARTNERS, LTD.

FILED

00 JAN 27 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

323 PAGE BACON ROAD, SUITE 17
MARY ESTHER FL 32569

Mailing Address

323 PAGE BACON ROAD, SUITE 17
MARY ESTHER FL 32569-1669



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3424247

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

MIRAMAR PLACE DEVELOPMENT, INC.

323 PAGE BACON ROAD, SUITE 17

MARY ESTHER FL 32569

Name

Street Address (P.O. Box Number is Not Acceptable)

600003112276-8

-02/01/00--01102--011

City

***141.25 ***141.25

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.

\$48.00

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 # P96000101147
NAME MIRAMAR PLACE DEVELOPMENT, INC.
STREET ADDRESS 323 PAGE BACON ROAD, SUITE 17
CITY - ST - ZIP MARY ESTHER FL 32569

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)