

2001 UNIFORM BUSINESS REPORT (UBR)

0003274 AF

DOCUMENT # **A98000000203**

1. Entity Name

MRM PROPERTIES LIMITED PARTNERSHIP

FILED
01 APR 26 PM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O MRM PROPERTIES, INC.
3850 N.W. 118TH AVENUE
CORAL SPRINGS FL 33065

Mailing Address

C/O MRM PROPERTIES, INC.
3850 N.W. 118TH AVENUE
CORAL SPRINGS FL 33065

2. Principal Place of Business

2201 N ANDREWS EXT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPAUNO BCH FL

City & State

4. FEI Number

65-0811416

Applied For

Not Applicable

Zip

33069

Country

USA

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

MRM PROPERTIES, INC.
3850 N.W. 118TH AVENUE
CORAL SPRINGS FL 33065

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.

\$99,000.00

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 # **P98000006583**
NAME **MRM PROPERTIES, INC.**
STREET ADDRESS **3850 N.W. 118TH AVE.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

STREET ADDRESS

CITY-ST-ZIP

300004194013--8

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

05/10/01-01109-015

******535.00 ****535.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY MRM PROPERTIES INC

Date

4/17/01

Daytime Phone #

(954) 752-3040 X12

CR2E003 (11/00)