## 2000 UNIFORM BUSINESS REPORT (UBR)

## A98000000898 DOCUMENT # FILED 1. Entity Name 00 FEB 15 PM 2: 58 CONMIR INVESTMENTS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2900 WEST 84 ST., #101 2900 WEST 84 ST., #101 HIALEAH FL 33016 HIALEAH FL 33018-4919 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0839848 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 1116-D THOMASVILLE ROAD MOUNT VERNON SQUARE TALLAHASSEE FL 32303 Zip Code City 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) 10. Amount of Capital Contributions in FLORIDA to date. 172,908.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$175,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P98000032351 DOCUMENT# STREET ADDRESS 2900 WEST 84 ST INITIAL TWO INVESTMENTS, INC. NAME 8750 NW 100TH STREET STREET ADDRESS CITY-ST-ZIP MEDLEY FL 33178 HIALEAH CITY-ST-7P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 900003148109---7 -02725700--01088--023 STREET ADDRESS CITY-ST-ZIP \*\*\*\*526.25 \*\*\*\*526.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 GNATURE: GNATURE: 1.10.00 (305) 512-3445

00