

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001097**

1. Entity Name
MIAMI RIVER PARTNERS, LTD.

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**200 SOUTH PARK ROAD
HOLLYWOOD FL 33021**

Mailing Address
**P.O. BOX 5403
FT LAUDERDALE FL 33310-5403**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 5403

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

City & State
Fort Lauderdale, FL

City & State

Zip
33310-5403

Country
Broward

Zip

Country

4. FEI Number **65-0832866**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GILBERT, GLEN R
1750 E SUNRISE BLVD
THIRD FLOOR
FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A9800000542 MIAMI RIVER PARTNERS, INC. 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	100003286911--6 06/13/00 01045-010 ****141.25 ****141.25
STREET ADDRESS	
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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: **GLEN R. GILBERT**
Executive Vice President
General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/2000

Date Daytime Phone #

C-003 (1/98)