

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000151

1. Entity Name

MILLER RETAIL CENTRE, LTD.

Principal Place of Business

2333 PONCE DE LEON BLVD., SUITE 710
CORAL GABLES FL 33134

Mailing Address

2333 PONCE DE LEON BLVD., SUITE 710
CORAL GABLES FL 33134-5427



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0892155

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

ST. LOUIS, ROLAND R JR.
2333 PONCE DE LEON BLVD., SUITE 710
CORAL GABLES FL 33134

Name

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

City

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)

9. Capital Contributions as Shown on record.

\$6,500.00

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 # P99000004092
NAME MILLER RETAIL CENTRE, INC.
STREET ADDRESS 2333 PONCE DE LEON BLVD., SUITE 710
CITY - ST - ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY - ST - ZIP

900003285939--0
06/12/00--01140--018

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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:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Hofmann

4/28/00

Date

Daytime Phone #