

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000446

1. Entity Name

MEDRANO PARTNERS, LTD.

FILED

00 JAN 13 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2323 N.W. 82ND AVENUE  
MIAMI FL 33122

Mailing Address

2323 N.W. 82ND AVENUE  
MIAMI FL 33122-1512

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0913815

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMONT & NEIMAN, P.A.  
2 SOUTH BISCAYNE BLVD., STE 3550  
MIAMI FL 33131

Name

RAFAEL MEDRANO R.

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

2323 N.W. 82ND AVENUE

City

MIAMI

FL

Zip Code  
33122-1512

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

RAFAEL MEDRANO

01/05/00

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.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

-0-

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 # P99000024777  
NAME MEDRANO MANAGEMENT, INC.  
STREET ADDRESS 2323 N.W. 82ND AVENUE  
CITY - ST - ZIP MIAMI FL 33122

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

RAFAEL MEDRANO

01/05/00

(305) 592-4129

Date

Daytime Phone #