

2001 UNIFORM BUSINESS REPORT (UBR)

0006628 AF

DOCUMENT # **A99000000576**

1. Entity Name

MIRAMAR OFFICE I, LTD.

APPROVED
AND
FILED

01 APR 30 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

Mailing Address

**6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

300 SE 2nd Street

3. Mailing Address

300 SE 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0910414

Applied For

Not Applicable

Zip

33301

Country

Zip

33301

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DUKE, BRYAN W ESQ.

6400 NORTH ANDREWS AVENUE, 5TH FLOOR

FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Patricia Jones

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

c/o Stiles Corporation

300 SE 2nd Street

City

Ft. Lauderdale, FL

FL

Zip Code

33301

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

Patricia Jones
Signature of registered agent or principal officer of the entity (if applicable)

(NOT Registered Agent signature required when reinstating)

DATE

2/21/01

9. Capital Contributions
as Shown on record.

\$2,938,630.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,938,630.00

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 #

P99000026532

NAME

S/MIRAMAR OFFICE, INC.

STREET ADDRESS

6400 NORTH ANDREWS AVENUE

CITY-ST-ZIP

FORT LAUDERDALE FL 33309

DOCUMENT #

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STREET ADDRESS

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CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

300 SE 2nd Street

CITY-ST-ZIP

Ft. Lauderdale, FL 33301

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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:

Patricia Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

2/21/01

954/627-9300

Daytime Phone #

CR2E003 (11/00)