

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000722**

1. Entity Name

M.D.H. PARTNERS, LTD.

Principal Place of Business

**6480 S.W. 21 STREET
MIAMI FL 33155-1941**

Mailing Address

**6480 S.W. 21 STREET
MIAMI FL 33155-1941**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

BRITO, LEONARD F P.A.

**1001 BRICKELL BAY DRIVE, SUITE 3000
MIAMI FL 33131**

Name **CARLOS HONDAL**

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

6480 S.W. 21ST STREET

City

MIAMI

FL

Zip Code

33155-1941

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)

DATE

9. Capital Contributions
as Shown on record.

\$600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$360,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000039240**
NAME **C.M.C. CORP.**
STREET ADDRESS **6480 S.W. 21 STREET**
CITY-ST-ZIP **MIAMI FL 33155-1941**

STREET ADDRESS

CITY-ST-ZIP

100003358021--7
-08/15/00--01064--010

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

*******8.75 *****8.75**

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100003358021--7
-08/15/00--01064--011
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DOCUMENT #
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STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/19/00

Date

Daytime Phone #

(305) 267-1618

CR2E003 (5/00)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25



DO NOT WRITE IN THIS SPACE