

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000817

1. Entity Name

THE MIDA LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3: 05

Principal Place of Business  
C/O JONATHAN H. GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLACE, SUITE 700  
MIAMI FL 33131

Mailing Address  
C/O JONATHAN H. GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLACE, SUITE 700  
MIAMI FL 33131-2805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					

Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	----------------------------------	---

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLACE, SUITE 700 MIAMI FL 33131		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. \$5,000,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CAIRO, GASTON 799 BRICKELL PLAZA, SUITE 700 MIAMI FL 33131	STREET ADDRESS CITY - ST - ZIP	800003258729--8 -05/19/00--01014--005 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CAIRO, MARTHA L 799 BRICKELL PLAZA, SUITE 700 MIAMI FL 33131	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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: MARTHA L CAIRO (REQUIRE CAIRO) 4/19/2000 305-778-1014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR21E003 (9/95)