

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001028 AV

DOCUMENT # A99000000817

1. Entity Name

THE MIDA LIMITED PARTNERSHIP

FILED

02 APR 25 PM 4:06

LF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

799 BRICKELL PL.  
Suite, Apt. #, etc.  
700  
City & State  
MIAMI, FL

3. Mailing Address

799 BRICKELL PL.  
Suite, Apt. #, etc.  
700  
City & State  
MIAMI, FL

DUE BY MAY 1, 2002

4. FEI Number

65-0922708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONATHAN H. GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLACE, SUITE 700  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

\$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

DOCUMENT #	CAIRO, GASTON
NAME	799 BRICKELL PLAZA, SUITE 700
STREET ADDRESS	MIAMI FL 33131
CITY-ST-ZIP	
DOCUMENT #	CAIRO, MARTHA L
NAME	799 BRICKELL PLAZA, SUITE 700
STREET ADDRESS	MIAMI FL 33131
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005419703--0
CITY-ST-ZIP	-05/01/02--01087--009
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/16/02

305-2052594  
Daytime Phone #

CR2E003 (9/01)