

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001686

1. Entity Name

MIAMI TWO INDUSTRIAL, LTD.

FILED

00 JAN 24 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

6601 N.W. 14TH STREET, SUITE ONE
PLANTATION FL 33313

Mailing Address

6601 N.W. 14TH STREET, SUITE ONE
PLANTATION FL 33313-4579

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

65-0952765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABLE, MICHAEL P

4000 HOLLYWOOD BOULEVARD, SUITE 735

SOUTH TOWER

HOLLYWOOD FL 33021

Name

STEVEN J. COOPERMAN

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

6601 N.W. 14th Street

Suite #1

City

Plantation

FL

Zip Code

33313

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.

\$1,000.00

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

SARA TOOBIES, INC.
6601 N.W. 14TH STREET, SUITE ONE
PLANTATION FL 33313

STREET ADDRESS

300003117903--6

CITY - ST - ZIP

-02/01/00--01047--014

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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

STEVEN COOPERMAN

Date

Daytime Phone #

1/18/00 9545879113