2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

A99000001812 **DOCUMENT #**

1. Entity Name

MIRIAM REALTY LIMITED PARTNERSHIP



SECRETARY OF STATE DIVISION OF CORPORATIONS

03 JAN 13 PM 4:41

Principal Place of Business 190 WESTWARD DR., STE. A MIAMI SPRINGS FL 33166

Mailing Address 190 WESTWARD DR., STE. A MIAMI SPRINGS FL 33166

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address			- LIBERTHI COLE SOLISE NENIN BRINS BRINS BRINS BRINS BRINS BRINS NEUR SOLISE SOLISE START FOR FOR			
		Suite, Apt. #, etc.		DUE BY MAY 1,	DUE BY MAY 1, 2003			
		City & State		4. FEI Number 65-0957677 Applied For				
Zip Country		7:-			Not Applicable			
		Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
6.	Name and Address of Cu	Irrent Registered Agent	<u> </u>					

MARRERO, MIRIAM C 550 S.E. 1ST STREET HIALEAH FL 33010

7. Name and Address of New Registered Agent					
Name	- g-=				
Street Addres	ss (P.O. Box Number is	Not Acceptable)	_	-	
0.7					
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

9. Capital Contributions \$0.00 as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 f

		13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MARRERO, MIRIAM C 550 S.E. 1ST STREET HIALEAH FL	STREET ADDRESS	ADDRESS CHANGES ONLY	
DOCUMENT #	TIMLEAT PL	STREET ADDRESS		
NAME Street Address City-St-Zip		CITY-ST-ZIP		
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CITY-ST-ZIP		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: