

2000 UNIFORM BUSINESS REPORT (UBR)

0014783 A

DOCUMENT # B99000000283

1. Entity Name

DT-MIAMI, LP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

[Handwritten signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1950 STEMMONS FREEWAY, SUITE 6001
DALLAS TX 75207

Mailing Address
1950 STEMMONS FREEWAY, SUITE 6001
DALLAS TX 75207-3107

2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

Suite, Apt. #, etc. *u*

Suite, Apt. #, etc. *u*

City & State *u*

City & State *u*

Zip *u* Country *u*

Zip *u* Country *u*

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$10.00**

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 # M99000001133
NAME DT-MIAMI GP, LLC
STREET ADDRESS 1950 STEMMONS FREEWAY, SUITE 6001
CITY - ST - ZIP DALLAS TX 75207

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13. ADDRESS CHANGES ONLY

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700003343497--5
-08/08/00--01071--034
****141.25 ****141.25

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: *[Handwritten signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/1/00

Date

214 863 1002

Daytime Phone #