

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A96000000328

**1. Entity Name**

A.O.P. OF MIAMI, LTD.

01 MAY -1 AM 11:46

**Principal Place of Business**

ONE S.E. THIRD AVENUE  
15TH FLOOR  
MIAMI, FL 33131

**Mailing Address**

ONE S.E. THIRD AVENUE  
15TH FLOOR  
MIAMI, FL 33131

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**City & State**

**4. FEI Number**

65-0626343

**Applied For**

Not Applicable

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

RICHARD A. BERKOWITZ  
ONE S.E. THIRD AVENUE  
15TH FLOOR  
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**

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.** \$5,500.00

**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 #** F11581  
**NAME** COM-JET CORP.  
**STREET ADDRESS** 8235 N.W. 56 STREET  
**CITY-ST-ZIP** MIAMI, FL 33166

**STREET ADDRESS**  
**CITY-ST-ZIP** 400004275664--9  
-05/22/01--01027--023

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**STREET ADDRESS** \*\*\*\*141.25 \*\*\*\*141.25  
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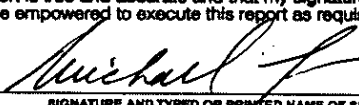
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**CITY-ST-ZIP**

**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 610, Florida Statutes**

**SIGNATURE:**



MICHAEL FOREMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)