

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A98000001484**

1. Entity Name  
**MIRAMAR APARTMENTS, LTD.**

**FILED**  
**2002 APR 29 PM 5:45**

**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business      Mailing Address  
**100 SOUTH BISCAYNE BLVD., SUITE 1100**      **100 SOUTH BISCAYNE BLVD., SUITE 1100**  
**MIAMI FL 33131**      **MIAMI FL 33131**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

4. FEI Number      Applied For  
**65-0780913**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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

**HOLLO, JEROME**  
**100 SOUTH BISCAYNE BLVD., SUITE 1100**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$7,500.00**

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 #	<b>P97000034035</b>
NAME	<b>MIRAMAR APARTMENTS, INC.</b>
STREET ADDRESS	<b>100 SOUTH BISCAYNE BLVD., STE-1100</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
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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)(l), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Wayne R. Hollo**      **4/17/02**  
 Date      Daytime Phone #

CR2E003 (9/01)