

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001020 AV

**DOCUMENT # A96000000328**  
 1. Entity Name  
**A.O.P. OF MIAMI, LTD.**

FILED

02 MAY -3 AM 11:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
**ONE S.E. THIRD AVENUE**      **ONE S.E. THIRD AVENUE**  
**FIFTEENTH FLOOR**      **FIFTEENTH FLOOR**  
**MIAMI FL 33131**      **MIAMI FL 33131**

2. Principal Place of Business      3. Mailing Address  
**200 SO. BISCAYNE BLVD.**      **200 SO. BISCAYNE BLVD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SIXTH FLOOR**      **SIXTH FLOOR**  
 City & State      City & State  
**MIAMI, FLORIDA**      **MIAMI, FLORIDA**

**DUE BY MAY 1, 2002**

Zip      Country      Zip      Country  
**33131**      **US**      **33131**      **US**

4. FEI Number      Applied For  
**65-0626343**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**BERKOWITZ, RICHARD A**  
**ONE S.E. THIRD AVENUE**  
**FIFTEENTH FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 SOUTH BISCAYNE BLVD.**  
**SIXTH FLOOR**  
 City      State      Zip Code  
**MIAMI**      **FL**      **33131**

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: **5/1/02**  
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT #	<b>F11581</b>
NAME	<b>COM-JET CORP.</b>
STREET ADDRESS	<b>8235 N.W. 56 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600005558526--3</b>
CITY-ST-ZIP	<b>-05/20/02--01007--016</b> <b>***141.25 ***141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:      DATE: **4/26/02**      Daytime Phone #: **305 379 7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CFR2E003 (9/01)