

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000000888**

1. Entity Name

**WARGA FAMILY LIMITED PARTNERSHIP NO. 3**

FILED

02 FEB 19 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**C/O NELSON & ASSOCIATES, P.A.  
19495 BISCAYNE BLVD., SUITE 609  
AVENTURA FL 33180**

Mailing Address

**C/O NELSON & ASSOCIATES, P.A.  
19495 BISCAYNE BLVD., SUITE 609  
AVENTURA FL 33180**

2. Principal Place of Business

**2775 Sunny Isles Blvd.**

3. Mailing Address

**2775 Sunny Isles Blvd.**

Suite, Apt. #, etc.

**Suite 118**

Suite, Apt. #, etc.

**Suite 118**

**DUE BY MAY 1, 2002**

City & State

**North Miami Beach, FL**

City & State

**North Miami Beach, FL**

4. FEI Number

**65-1016308**

Applied For

Not Applicable

Zip

**33160**

Country

**USA**

Zip

**33160**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NELSON, BARRY A ESQ.  
C/O NELSON & ASSOCIATES  
19495 BISCAYNE BLVD., SUITE 609  
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name  
**Nelson, Barry A. c/o Nelson & Levine, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2775 Sunny Isles Blvd., Suite 118**

City  
**North Miami Beach**

**FL**

Zip Code

**33160**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$5,000,000.00**

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 # **P99000038105**  
NAME **JLW HOLDINGS, INC.**  
STREET ADDRESS **19495 BISCAYNE BOULEVARD, SUITE 609**  
CITY-ST-ZIP **AVENTURA FL 33180**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2775 Sunny Isles Blvd., Suite 118**

CITY-ST-ZIP **North Miami Beach, FL 33160**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**2/2/02**

**(305) 872-4223**

CR2E003 (9/01)