

2001 UNIFORM BUSINESS REPORT (UBR)

0005980 AF

DOCUMENT # A00000001093

1. Entity Name

TJH II, LTD.

FILED

01 FEB 23 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2875 N.E. 191ST STREET. PH-3A
AVENTURA FL 33180

Mailing Address

2875 N.E. 191ST STREET. PH-3A
AVENTURA FL 33180

2. Principal Place of Business

3440 HOLLYWOOD BLVD

3. Mailing Address

3440 HOLLYWOOD BLVD

Suite, Apt. #, etc.

STE 360

Suite, Apt. #, etc.

STE 360

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

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

**ROUSSO, MARK E ESQ.
C/O ROTH, ROUSSO & BENJAMIN, P.A.
2875 N.E. 191ST STRET, PH-3A
AVENTURA FL 33180**

Name

MARK E. ROUSSO

Street Address (P.O. Box Number is Not Acceptable)

3440 HOLLYWOOD BLVD, STE 360

City

HOLLYWOOD

FL

Zip Code

33021

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

2/20/01

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.

\$1,500,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000068841**
NAME **TJH, INC.**
STREET ADDRESS **2875 N.E. 191ST STREET, PH-3A**
CITY-ST-ZIP **AVENTURA FL 33180**

STREET ADDRESS **3440 HOLLYWOOD BLVD, STE 360**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **500003784305--4**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **-02/28/01--01015--016**
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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

TJH, INC.

SIGNATURE:

Signature of James W. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-29-01

305 466 0022

Date

Daytime Phone #

CR2E003 (11/00)