

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A01000000301**

1. Entity Name

**SUBJAY, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 FEB 11 PM 2:03

Principal Place of Business  
**4000 HOLLYWOOD BLVD., SUITE 485 SO.  
HOLLYWOOD FL 33021**

Mailing Address  
**4000 HOLLYWOOD BLVD., SUITE 485 SO.  
HOLLYWOOD FL 33021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

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

**GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD., SUITE 485 SO.  
HOLLYWOOD FL 33021**

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  if applicable

DATE

9. Capital Contributions as Shown on record. **990.00** ~~0.00~~

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 # **P00000116160**  
NAME **SUBJAY, INC.**  
STREET ADDRESS **4407 BUCHANAN STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

STREET ADDRESS  
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)(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]* **SIGNATURE REQUIRED** *[Signature]* **1/15/02 (954)649-0037**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CP2E003 (9/01)