

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005383 AF

**DOCUMENT # A30882**

1. Entity Name  
**COURT YOGURT, LTD.**

FILED

01 APR -6 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br><b>9100 S. DADELAND AVE.<br/>SUITE 1010<br/>MIAMI FL 33156</b> | Mailing Address<br><b>9100 S. DADELAND AVE.<br/>SUITE 1010<br/>MIAMI FL 33156</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>65-0232050</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|   |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|---|

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

**STEIN, BARRY A ESQ.  
9100 SOUTH DADELAND BLVD.  
SUITE 1010  
MIAMI FL 33156**

**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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$70,000.00**

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 #     | <b>S08171</b>                             |
| NAME           | <b>JODAL, INC.</b>                        |
| STREET ADDRESS | <b>9100 S. DADELAND BLVD., SUITE 1010</b> |
| CITY-ST-ZIP    | <b>MIAMI FL 33156</b>                     |
| DOCUMENT #     | <b>Barry A. Stein</b>                     |
| NAME           | <b>Barry A. Stein</b>                     |
| STREET ADDRESS | <b>9100 S. Dadeland Blvd. Ste. 1010</b>   |
| CITY-ST-ZIP    | <b>Miami, Fl. 33156</b>                   |

**13. ADDRESS CHANGES ONLY**

|                |                   |
|----------------|-------------------|
| STREET ADDRESS |                   |
| CITY-ST-ZIP    | <b>FF #526.25</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:** Barry A Stein **Barry A Stein** **3/5/01** **3056702333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)