

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30971**

1. Entity Name
SUPPORT FINANCIAL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business
7225 NW 25 ST., #205
MIAMI FL 33122

Mailing Address
7225 NW 25 ST., #205
MIAMI FL 33122-1708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0235288**

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

GANGUZZA, JOSEPH H., ESQ.
HYMAN & KAPLAN, P.A.
44 WEST FLAGLER STREET, 14TH FLOOR
MIAMI FL 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,198,496.07**

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 # **P96000103035**
NAME **JCK HOLDINGS, INC.**
STREET ADDRESS **7225 N.W. 25 STREET, #205**
CITY - ST - ZIP **MIAMI FL 33122**

STREET ADDRESS
CITY - ST - ZIP **980003258609--2**
-05/19/00--01011--016
*******526.25 *****526.25**

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-25-00 305-594-2054
Date Daytime Phone #

CR2E003 (9/99)