

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A30971**

1. Entity Name
SUPPORT FINANCIAL, LTD.

FILED

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

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: 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. **431,850**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JOSEPH H. Ganguzza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/01 (305) 594-2084
Date Daytime Phone #

CR2E003 (11/00)