

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001050 AV

2/7

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB -5 PM 12:07



DOCUMENT # A95000000632

1. Entity Name
J.B. DEERWOOD, LTD.



Principal Place of Business
501 BRICKELL KEY DRIVE
SUITE 103
MIAMI FL 33131

Mailing Address
501 BRICKELL KEY DRIVE
SUITE 103
MIAMI FL 33131

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number 65-0578575
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
J.B.E., INC.
501 BRICKELL KEY DRIVE
SUITE 103
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$225,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	G57136	STREET ADDRESS	
NAME	J.B.E., INC.	CITY-ST-ZIP	
STREET ADDRESS	501 BRICKELL KEY DRIVE STE 103		
CITY-ST-ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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

SIGNATURE: General Berger **2/3/03** **305 358 2700**

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

STAPLE CHECK HERE

CR2E003 (10/02)