

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001225**

1. Entity Name
RIJAC LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

Principal Place of Business
1565 S. OCEAN LANE. APT. 177
FT LAUDERDALE FL 33316

Mailing Address
C/O EDWARDS S. ALEXANDER, CPA
200-A MONROE ST., #102
ROCKVILLE MD 20850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4040 Palm Aire Dr. W
Suite, Apt. #, etc.
105

3. Mailing Address **C/O Stephen Friedlander**
8908 Iron Gate Court
Suite, Apt. #, etc.

City & State
Pompano, Fla
Zip
33069

City & State
Potomac, Md
Zip
20854

4. FEI Number
58-2200936

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACFRI, L.C.
1565 S. OCEAN LANE, APT 177
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **Jack Diener**
Street Address (P.O. Box Number is Not Acceptable)
4040 Palm Aire Dr. W. # 105
Pompano Beach FL Zip Code **33069**

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 *Jack Diener*

DATE **3/14/00**

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. **\$673,850.00**

10. Amount of Capital Contributions in FLORIDA to date. **55,788**

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 # **L95000000613**
NAME **JACFRI L.C.**
STREET ADDRESS **1565 S. OCEAN LANE, APT 177**
CITY - ST - ZIP **FT LAUDERDALE FL 33316**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4040 Palm Aire Dr. W. # 105**
CITY - ST - ZIP **Pompano, FL 33069**

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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: *Jack Diener*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **JACFRI L.C. General Partner**

Date

Daytime Phone #

Managers 3/14/00 202-872-8800