

2001 UNIFORM BUSINESS REPORT (UBR)

0003631 AF

DOCUMENT # **A95000001842**

1. Entity Name

JAD PARTNERS, LTD.

FILED
01 APR 16 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Principal Place of Business 2666 BRICKELL AVENUE MIAMI FL 33129	Mailing Address 2666 BRICKELL AVENUE MIAMI FL 33129
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0638618	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROBERTS & SALAZAR, L.L.P.
50 WEST MASHTA DRIVE
SUITE 2
KEY BISCAYNE FL 33149

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

9. Capital Contributions as Shown on record. \$510,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	DEFORTUNA, IRMA G	STREET ADDRESS	
NAME	2666 BRICKELL AVENUE	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL 33129-2810		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100004082631--4
NAME		CITY-ST-ZIP	04/26/01--01112--014
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		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: *Irma G Defortuna* **IRMA G. DEFORTUNA/04/12/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)