

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000112

1. Entity Name

ARJAY CAPITAL, LTD.

Principal Place of Business

2941 PADDOCK LANE
FORT LAUDERDALE FL 33331

Mailing Address

2941 PADDOCK LANE
FORT LAUDERDALE FL 33331-3601

2. Principal Place of Business

11140 Governors Dr.
Suite, Apt. #, etc.

3. Mailing Address

11140 Governors Dr.
Suite, Apt. #, etc.

City & State

Chapel Hill, NC

City & State

Chapel Hill NC

Zip

Country

27514

Zip

Country

27514

4. FEI Number

65-0634028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEY CORPORATE SERVICES, INC.
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$551,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

551,000 -

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 # P96000004558
NAME ARJAY CAPITAL, INC.
STREET ADDRESS 2941 PADDOCK LANE
CITY - ST - ZIP FORT LAUDERDALE FL 33331

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

11140 Governors Dr.

CITY - ST - ZIP

Chapel Hill NC 27514

STREET ADDRESS

CITY - ST - ZIP

500003202885--9
-04/11/00--01037--005

STREET ADDRESS

CITY - ST - ZIP

****526.25 ****526.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

dec

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

Date

Daytime Phone #

3-18-00 9194935599

CR2E003 (9/99)