

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001952

1. Entity Name

JORAMO PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:47

Principal Place of Business

420 SOUTH DIXIE HIGHWAY
HALLANDALE FL 33009

Mailing Address

420 SOUTH DIXIE HIGHWAY
HALLANDALE FL 33009-6331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

872 E. 29 St.

3. Mailing Address

872 E. 29 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33013

Country

Zip

33013

Country

4. FEI Number

65-0775465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, PLACIDO
872 E. 29TH STREET
HIALEAH FL 33013

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.

\$912,933.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P97000066915
NAME JORAMO, INC.
STREET ADDRESS 142 GREENS ROAD
CITY - ST - ZIP HOLLYWOOD FL 33021

13. ADDRESS CHANGES ONLY

STREET ADDRESS

872 E. 29 Street

CITY - ST - ZIP

Hialeah, FL 33013

STREET ADDRESS

CITY - ST - ZIP

2/3/2/00

STREET ADDRESS

CITY - ST - ZIP

4000003161664-8
-03/08/00-01017-022
****526.25 ****526.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-21-00

Date

954-679-2475

Daytime Phone #

CR25003 (9/99)