2002 UNIFORM BUSINESS REPORT (UBR)

W 4/26

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DOCUMENT # A98000000188

1. Entity Name

FORTE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 22 PM 3:34

Principal Place of Business	Mailing Address
3191 CORAL WAY. #300 MIAMI FL 33145	ATTN: JOHN FORTE 3 STAR ISLAND MIAMI BEACH FL 33139

2. Principal Place of Business	3. Mailing Address
	3191 CORAL WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 300
City & State	City & State MIAMI, FL
Zip / Country	Zip 33145 / Country

DUE BY MAY 1, 2002

4. FEI Number 65-0805997 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORTE, JOHN 3191 CORAL WAY, #300 MIAMI FL 33145	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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	491052	STREET ADDRESS	
NAME	FORTE PROPERTIES, INC.		
STREET ADDRESS	3191 CORAL WAY, #300	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33145		300005389193--0
DOCUMENT #	427994	STREET ADDRESS	-04/30/02--01013--021
NAME	JMF CORP		****141.25 ****141.25
STREET ADDRESS	3191 CORAL WAY, #300	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33145		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

CR2E003 (9/01)

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 REQUIRED JOHN FORTE 4/19/02 (305) 445-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #