

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000427**

1. Entity Name

J. IRA HARRIS & ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -5 AM 11:02

Principal Place of Business
220 SUNRISE AVENUE, SUITE 210
PALM BEACH FL 33480

Mailing Address
220 SUNRISE AVENUE, SUITE 210
PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0815775

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHOPIN, L. FRANK
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480

Name

J. Ira Harris, President JIRA Corp

Street Address (P.O. Box Number is Not Acceptable)

220 Sunrise Avenue, Suite 210

City

Palm Beach

FL

Zip Code
33480

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

J. Ira Harris
J. Ira Harris, President JIRA Corp

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.

\$99,000.00

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 # **P98000012544**
NAME **JIRA CORP.**
STREET ADDRESS **220 SUNRISE AVENUE, SUITE 210**
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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:

J. Ira Harris
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-31-00

561/6597130

Date

Daytime Phone #

CR2E003 (5/00)