

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A980000011257**

1. Entity Name

JENE'S RETIREMENT INVESTORS, LTD.

FILED

02 APR 30 PM 4:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

**C/O NORMAN GINSPARG
1595 N.E. 145TH STREET
MIAMI FL 33161**

Mailing Address

**C/O NORMAN GINSPARG
11190 BISCAYNE BLVD.
N. MIAMI FL 33181**

2. Principal Place of Business

3737 W. Arthur

3. Mailing Address

C/O Norman Ginsparg

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3389 Sheridan St., #195

DUE BY MAY 1, 2002

City & State

Lincolnwood, IL

City & State

Hollywood, FL

4. FEI Number

65-0920415

Applied For

Not Applicable

Zip

60712

Country

US

Zip

33021

Country

US

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

**GINSPARGN, NORMAN
11190 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

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.

DATE

9. Capital Contributions as Shown on record.

\$550,000.00

10. Amount of Capital Contributions in FLORIDA to date.

550,000.00

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 # **P98000040692**
NAME **JENE'S RETIREMENT LIVING, INC.**
STREET ADDRESS **11190 BISCAYNE BLVD.**
CITY-ST-ZIP **N. MIAMI FL 33181**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
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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
Philip C. Formes

4-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE