

# 2002 UNIFORM BUSINESS REPORT (UBR)

000533 AI

**DOCUMENT # A98000001515**

1. Entity Name  
**THE JORGE FAMILY LIMITED PARTNERSHIP**

FILED  
02 FEB -1 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **2871 N.E. 9TH STREET, POMPANO BEACH FL 33062**

Mailing Address: **2871 N.E. 9TH STREET, POMPANO BEACH FL 33062**

2. Principal Place of Business: Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number: **65-0845655**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JORGE, ROLANDO**  
**2871 N.E. 9TH STREET**  
**POMPANO BEACH FL 33062**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **\$1,183,922.00**

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	
DOCUMENT #	
NAME	<b>JORGE, ROLANDO</b>
STREET ADDRESS	<b>2871 N.E. 9TH STREET</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>
DOCUMENT #	
NAME	<b>JORGE, DOROTHY V</b>
STREET ADDRESS	<b>2871 N.E. 9TH STREET</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>000004900890--7</b>
CITY-ST-ZIP	<b>-02/12/02--01001--030</b> <b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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: **Rolando Jorge** **1/9/02 (954-946-1330)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)