

2001 UNIFORM BUSINESS REPORT (UBR)

0013817 AF

DOCUMENT # A99000000098

1. Entity Name

C.K.J.A., LTD.

Principal Place of Business

3487 DERBY LANE
WESTON FL 33331

Mailing Address

3487 DERBY LANE
WESTON FL 33331

2. Principal Place of Business

P.O. Box 267457

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 267457

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

Zip

33326

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0900106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, MITCHELL ESQ.
4000 HOLLYWOOD BLVD., STE. 4855
HOLLYWOOD FL 33021

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.

\$742,500.00

10. Amount of Capital Contribution in FLORIDA to date.

\$14,018

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 # P99000002103
NAME C.K.J.A., INC.
STREET ADDRESS 3487 DERBY LANE
CITY-ST-ZIP WESTON FL 33331

STREET ADDRESS P.O. Box 267457
CITY-ST-ZIP Weston, FL 33326

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-8-01

Date

Daytime Phone #

CR2E000 (11/00)