

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000400

1. Entity Name

JUPITER PARK SELF-STORAGE LTD.

Principal Place of Business

4362 NORTH LAKE BLVD., SUITE 217
PALM BEACH GARDENS FL 33410

Mailing Address

4362 NORTH LAKE BLVD., SUITE 217
PALM BEACH GARDENS FL 33410-6269

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0867172

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

MINKER, JULES S

4362 NORTH LAKE BLVD., SUITE 217

PALM BEACH GARDENS FL 33410

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.

\$650,000.00

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 # P98000008887
NAME JUPITER PARK SELF-STORAGE, INC.
STREET ADDRESS 5825 N.W. 42ND WAY
CITY- ST- ZIP BOCA RATON FL 33496

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT # P97000104415
NAME SELF-STORAGE OF JUPITER, INC.
STREET ADDRESS 4362 NORTH LAKE BLVD., SUITE 217
CITY- ST- ZIP PALM BEACH GARDENS FL 33410

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jules S. Minker 4/19/2000 561-775-5660

Date

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2ENY (3/99)