

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001864 AV

**DOCUMENT #** A00000000195

**1. Entity Name**  
GW AND SBW, LTD.

FILED  
02 APR 15 PM  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**Principal Place of Business**  
2142 BAY AVENUE  
MIAMI BEACH FL 33140

**Mailing Address**  
2142 BAY AVENUE  
MIAMI BEACH FL 33140



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 65-0975809

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WEINER, GARY  
2142 BAY AVENUE  
MIAMI BEACH FL 33140

**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 GARY WEINER DATE 4/11/2002

Signature, typed or printed name of registered agent and title if applicable

**9. Capital Contributions as Shown on record.** \$5,261,355.00

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000010640 JEL MANAGEMENT INC 2142 BAY AVENUE MIAMI BEACH FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	7000005312217--5
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	04/22/02 01026-002 ***526.25 ***526.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: GARY WEINER DATE 4/11/02 DAYTIME PHONE # 305 538-5353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)