

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003835 AF

DOCUMENT # A00000000701

1. Entity Name

JONEYA LIMITED PARTNERSHIP

Principal Place of Business

888 BRICKELL AVENUE, SUITE 201  
MIAMI FL 33131

Mailing Address

888 BRICKELL AVENUE, SUITE 201  
MIAMI FL 33131

FILED

01 FEB 26 AM 11:44

SECRETARY OF STATE

TALLAHASSEE



DO NOT WRITE IN THIS SPACE

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

65-1002754

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

LAMONT & NEIMAN, P.A.  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 3550  
MIAMI FL 33131

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.

\$250,000.00

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 # P00000039769  
NAME JONEYA MANAGEMENT CORPORATION  
STREET ADDRESS 888 BRICKELL AVENUE, SUITE 201  
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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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

JANUARY 30, 2001 305-381-7877

Date Daytime Phone #

CR2E003 (11/00)