

2001 UNIFORM BUSINESS REPORT (UBR)

0004031 AF

DOCUMENT # A00000000878

1. Entity Name

JASMAN LIMITED

FILED

01 APR 24 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1018467

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHARDS, TIMOTHY D
RICHARDS AND ASSOCIATES, P.A.
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI FL 33133

Name
World Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2665 South Bayshore Drive, Suite 703
City
Miami, Florida FL Zip Code
33133

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 *Timothy D. Richards*

Timothy D. Richards, President

4/17/01

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.

\$860,943.00

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 # PD0000051488
NAME JASMAN, INC.
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 703
CITY-ST-ZIP MIAMI FL 33133

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

Stuart A. Staton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stuart A. Staton 4/17/01 (305) 858-9900

Date

Daytime Phone #

CR2E003 (11/00)