

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000000953

1. Entity Name
TJH, LTD.

FILED

02 JUN 28 PM 4: 50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED



Principal Place of Business
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD FL 33021

Mailing Address
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD FL 33021

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-1112975 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ROJSSO, MARK E ESQ.
3440 HOLLYWOOD BLVD., STE. 360
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,500,000.00**

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 #	P97000068841	STREET ADDRESS	8000006162378--3
NAME	TJH, INC.	CITY-ST-ZIP	-07/02/02--01058--004
STREET ADDRESS	3440 HOLLYWOOD BLVD., STE. 360		***526.25 ***526.25
CITY-ST-ZIP	HOLLYWOOD FL 33021		
DOCUMENT #		STREET ADDRESS	
NAME		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: *Phos. James W. Hall* **5614366952**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)