

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001870

1. Entity Name

NEW JERSEY PROFESSIONAL FOOTBALL LIMITED PARTNER  
SHIP

Principal Place of Business

200 SOUTH PALMER TERR  
THIRD FLOOR  
CARLSTADT NJ 07072

Mailing Address

200 S BISCAYNE BLVD  
SUITE 3800  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number 65-1063089

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

FERRARO, JAMES L  
2001 S BISCAYNE BLVD  
SUITE 3800  
MIAMI FL 33131

Name

Ferraro, James L.

Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd.

Suite 3800

City

Miami

FL

Zip Code  
33131

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.

DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$3,750,000.00

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 # P00000112058  
NAME NEW JERSEY PROFESSIONAL FOOTBALL, INC.  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 3800  
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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\*\*\*2285.00 \*\*\*535.00

FF \$526.25

Cels 8.75

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 REQUIRED

James L. Ferraro 4-26-02 (305) 375-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0001069 AV

CR2E003 (9/01)