

2002 UNIFORM BUSINESS REPORT (UBR)

0011331 AT

DOCUMENT # A01000000756

1. Entity Name

JOSTERDA LIMITED PARTNERSHIP

FILED

02 FEB 13 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1290 WESTON ROAD SUITE 314
WESTON FL 33326

Mailing Address

1290 WESTON ROAD SUITE 314
WESTON FL 33326



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-1122108

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

EISLER, MICHAEL J

1290 WESTON ROAD SUITE 314

WESTON FL 33326

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

DATE

9. Capital Contributions

\$7,800.00

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

ENTERPRISE TITLE III, INC.
1290 WESTON ROAD SUITE 314
WESTON FL 33326

STREET ADDRESS

CITY-ST-ZIP

10081 PINES BLVD SUITE C

PEMBROKE PINES, FL 33024

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Michael J. Eisler VP

ENTERPRISE TITLE III

1/8/02 9544312000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)