

2002 UNIFORM BUSINESS REPORT (UBR)

0009328 AT

DOCUMENT # A05247

1. Entity Name
THE THREE "JA-JO-JU" LIMITED PARTNERSHIP

FILED
02 JAN 29 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
POST OFFICE BOX 1927
POMPANO BEACH FL 33061

Mailing Address
POST OFFICE BOX 1927
POMPANO BEACH FL 33061

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 **59-1780686**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent.
FURMAN, FRANK H JR.
900 N.E. 3 STREET
POMPANO BEACH FL 33060

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. **\$3,000.00**

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 | |
|---|--|
| DOCUMENT # . . . NAME STREET ADDRESS CITY-ST-ZIP | FRUMAN, FRANK H JR. 900 N.E. 3RD ST. POMPANO BEACH FL |
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| 13. ADDRESS CHANGES ONLY | |
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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: Frank H Furman, Jr **1/19/02** **954-943-5050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

SAMPLE CHECK HERE