

# 2001 UNIFORM BUSINESS REPORT (UBR)

000404 AF

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**DOCUMENT # A13733**

1. Entity Name

**JM ASSOCIATES, LTD.**

**FILED**

01 FEB 20 AM 11:33

Principal Place of Business  
**% KATZ, BARRON, SQUITERO, ET AL**  
**2699 S. BAYSHORE DR., 7TH FLOOR**  
**MIAMI FL 33133**

Mailing Address  
**% KATZ, BARRON, SQUITERO, ET AL**  
**2699 S. BAYSHORE DR., 7TH FLOOR**  
**MIAMI FL 33133**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2549648**

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

**CORPCO, INC.**  
**2699 S BAYSHORE DR. 7TH FLOOR**  
**MIAMI FL 33133**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$8,273,000.00**

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 #  
 NAME **FARBER, LEONARD L.**  
 STREET ADDRESS **450 E. LAS OLAS BLVD. #880**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

STREET ADDRESS

CITY-ST-ZIP

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**100003782071--8**  
**-02/27/01--01037--012**  
**\*\*\*526.25 \*\*\*526.25**

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:** *Leonard L. Farber* **Leonard L. Farber, Gen'l Partner** (954) 761-8100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)