

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16601**

1. Entity Name

SAN JOSE CENTRAL, LTD.

FILED

Principal Place of Business

**1300 RIVERPLACE BLVD., SUITE 105
JACKSONVILLE FL 32207**

Mailing Address

**1300 RIVERPLACE BLVD., SUITE 105
JACKSONVILLE FL 32207**

01 FEB -5 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3753 CARDINAL

3. Mailing Address

3753 CARDINAL POINT

Suite, Apt. #, etc.

POINT DR. STE 1

Suite, Apt. #, etc.

DR. STE. 1

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32257

Country

USA

Zip

32257

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2517550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOLDSTEIN, BARRY J
1300 RIVERPLACE BLVD., SUITE 105
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$30,000.00

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
	WEISS, SYLVIA	1601 OCEAN DR., #905	JACKSONVILLE BCH FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	GOLDSTEIN, BARRY J	6905 MADRID AVE.	JACKSONVILLE FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	KORNBLUM, EUGENE H	2419 SARAGOSSA AVE.	JACKSONVILLE FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800003676088-4
CITY-ST-ZIP	02/13/01 75 0103676088-4
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Barry Goldstein **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/01

Date

904 367-0009

Daytime Phone #

CR2E003 (11/00)

000507 AF