

2001 UNIFORM BUSINESS REPORT (UBR)

0019339 AB

DOCUMENT # **A20659**

1. Entity Name

HYPOLUXO ASSOCIATES LIMITED

Principal Place of Business

**1725 SIDEWINDER DRIVE, SUITE 1000
PARK CITY UT 84060**

Mailing Address

**1725 SIDEWINDER DRIVE, SUITE 1000
PARK CITY UT 84060**

FILED

2001 JUN 19 AM 9:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2295 Corporate Blvd., N.W.

3. Mailing Address

2295 Corporate Blvd., N.W.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

59-2634402

Applied For

Not Applicable

Zip

33431

Country

US

Zip

33431

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Michael A. Schroeder, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Schroeder and Larche, P.A.

2255 Glades Road, Suite 319 A

City
Boca Raton

FL

Zip Code
33431

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.

\$411,000.00

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 # **G95066900020**
NAME **JUELSON MANAGEMENT PARTNERSHIP**
STREET ADDRESS **1725 SIDEWINDER DRIVE, SUITE 1000**
CITY-ST-ZIP **PARK CITY UT 84060**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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******526.25 ****526.25**
FF \$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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HYPOLUXO ASSOCIATES, INC.
A. FLA. CORP.

GERARD H. WACHNA

Date

Daytime Phone #

2/8/01

(561) 994-2531

CR2E003 (11/00)