

# 2000 UNIFORM BUSINESS REPORT (UBR)

1006(9/99) 1/5

AND FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mg 4/19*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # A20898**

1. Entity Name  
**JANMAR PROPERTIES, LTD.**

Principal Place of Business  
**4649 PONCE DE LEON BLVD.  
SUITE 403  
CORAL GABLES FL 33146**

Mailing Address  
**4649 PONCE DE LEON BLVD.  
SUITE 403  
CORAL GABLES FL 33146-2121**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number **59-2588569**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RAWLS, B.D.  
4649 PONCE DE LEON BLVD.  
SUITE 403  
CORAL GABLES FL 33146**

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

9. Capital Contributions as Shown on record. **\$4,148,587.24**

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	<b>254801 JANMAR CORPORATION 4649 PONCE DE LEON #403 CORAL GABLES FL 33146</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>400003217144--5 -04/20/00--01095--006 ****526.25 ****526.25</b>
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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: *B.D. Rawls* **REQUIRE** *B.D. Rawls* *4/3/00* *305-666-5770*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)