

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A21811

1. Entity Name
LE JEUNE EXECUTIVE BUILDING, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 9: 57



DO NOT WRITE IN THIS SPACE

Principal Place of Business
351 N.W. LEJEUNE ROAD, SUITE 203
MIAMI FL 33134

Mailing Address
C/O ANN C. HARRIS, ESO
200 S. BISCAYNE BLVD., STE. 2350
MIAMI FL 33131-2329

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2792058** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HARRIS, ANN C ESO
C/O HISHAN, SLOTO
200 S. BISCAYNE BLVD., STE. 2350
MIAMI FL 33131**

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$60.00**

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	612130 JORME CORPORATION C/O ANA HARRIS 200 S BISCAYNE BLVD #2350 MIAMI FL 33131
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	800003195638--8 -04704700--01085--025 ***141.25 ***141.25
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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: *MADELINE SOLDREAND* **SIGNATURE REQUIRED** Jan. 21, 2000 570-696-0184
Date Daytime Phone #

MADELINE SOLDREAND

CR2E003 (9/99)