

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

Principal Place of Business

351 N.W. LEJEUNE ROAD, SUITE 203
MIAMI FL 33134

Mailing Address

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



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

59-2792058

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

HARRIS, ANN C ESQ
C/O HISHAN, SLOTO
200 S. BISCAYNE BLVD., STE. 2350
MIAMI FL 33131

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

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.

\$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

13. ADDRESS CHANGES ONLY

DOCUMENT # 612130
NAME JORME CORPORATION
STREET ADDRESS C/O ANA HARRIS 200 S BISCAYNE BLVD #2350
CITY - ST - ZIP MIAMI FL 33131

STREET ADDRESS

800003195638--8

CITY - ST - ZIP

-04/04/00--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:

SIGNATURE REQUIRED
MADELINE SOLBREAND

Jan. 21, 2000

Date

Daytime Phone #

570-

696-0184

CR2E003 (9/99)