

2002 UNIFORM BUSINESS REPORT (UBR)

000194 AV

DOCUMENT # A21811

Entity Name
LE JEUNE EXECUTIVE BUILDING, LTD.

FILED

02 MAY 13 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
C/O ANA C. HARRIS, ESQ.
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI FL 33133



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

3. Mailing Address
351 N.W. LeJeune Rd. #203
Suite 600
City & State
Miami, FL
Zip
33126

DUE BY MAY 1, 2002

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, ANA C ESQ
C/O KATZ, BARRON, SQUIERO & FAUST, P.A.
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI FL 33133

7. Name and Address of New Registered Agent
Name
Alan M. Burger, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Burger & Traylor, P.A.
8603 So. Dixie Hwy #303
City
Miami
FL
Zip Code
33143

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 5/3/02

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	STREET ADDRESS	351 N.W. LeJeune Road, Suite 600
NAME	JORME CORPORATION	CITY-ST-ZIP	Miami, FL 33126
STREET ADDRESS	2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR		
CITY-ST-ZIP	MIAMI FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: **DATE:** April 10, 2002 (305) 643-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)