

# 2002 UNIFORM BUSINESS REPORT (UBR)

000132 AT

DOCUMENT # **A27272**

1. Entity Name

**BPI JACARANDA, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

W 8/7

02 AUG -6 AM 10:49

Principal Place of Business

Mailing Address

**2300 GLADES RD., SUITE 100E  
BOCA RATON FL 33431**

**2300 GLADES RD., SUITE 100E  
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **52-1634937**

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

**KATZ, STANLEY M  
2 N. BREAKERS ROW  
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$990.00**

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 # **K36399**  
NAME **STANLEY RICHARD GROUP, INC.**  
STREET ADDRESS **2300 GLADES RD., SUITE 100E**  
CITY-ST-ZIP **BOCA RATON FL 33431**

STREET ADDRESS

CITY-ST-ZIP

~~388006953923-4~~  
~~-08/07/02--01076--003~~  
~~\*\*\*\*550.00 \*\*\*\*550.00~~

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

~~388006953923-0~~  
~~-08/06/02--01064--003~~  
~~\*\*\*\*550.00 \*\*\*\*550.00~~

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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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-16-02 561-392-6662  
Date Daytime Phone #

CR2E003 (4/02)