

2002 UNIFORM BUSINESS REPORT (UBR)

0009049 AT

DOCUMENT # **A33311**

FILED

1. Entity Name

JACKSONVILLE PROPERTIES ASSOCIATES LIMITED PARTNERSHIP

02 JAN 11 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MMJ

Principal Place of Business

Mailing Address

**7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5897**

**7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5897**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0349842

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

**BRAFMAN, HOWARD J.
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5897**

Name
RODRIGUEZ, CHRISTY

Street Address (P.O. Box Number is Not Acceptable)
7900 MIAMI LAKES DRIVE WEST

MIAMI LAKES

FL

33016

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

Christy Rodriguez
CHRISTY RODRIGUEZ
Secretary

01/08/02
DATE

9. Capital Contributions as Shown on record.

\$750,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$750,000.00

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 # **S68588**
NAME **KISLAK REALTY EQUITIES, INC.**
STREET ADDRESS **7900 MIAMI LAKES DRIVE W**
CITY-ST-ZIP **MIAMI LAKES FL**

STREET ADDRESS

CITY-ST-ZIP

400004783804--6

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

01/09/2002
Date

305-364-4106
Daytime Phone #

THOMAS BARTELO, SENIOR VICE PRESIDENT

CR2E003 (9/01)

SAMPLE CHECK HERE