

2001 UNIFORM BUSINESS REPORT (UBR)

0019781 AF

DOCUMENT # A92000000253

1. Entity Name

JUCFAM HOLDINGS, LTD.

FILED

01 FEB -5 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~451 OLYMPUS DR.~~ 1933 Ridge Rd.
~~JUNO BEACH FL~~ No. Palm Beach, FL 33408

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0372338

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUCENAS, BRONE M

~~451 OLYMPUS DR.~~ 1933 Ridge Rd.
~~JUNO BEACH FL~~ No. Palm Beach, FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

1933 Ridge Rd. SAME Agent

City No. Palm Beach FL Zip Code 33408

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. \$1,084,156.00

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 # P92000008923
NAME JUCFAM ASSOCIATES, INC.
STREET ADDRESS ~~451 OLYMPUS DR.~~ 1933 Ridge Rd.
CITY-ST-ZIP NORTH PALM BEACH FL NORTH PALM BEACH

STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/2/01 949 362 1472

Date

Daytime Phone #

CR2E003 (11/00)