

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020513 AB

**DOCUMENT #** A92000000253

**1. Entity Name**  
JUCFAM HOLDINGS, LTD.

FILED

02 APR 29 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
1933 RIDGE ROAD  
NORTH PALM BEACH FL 33408

**Mailing Address**  
25802 PRAIRIESTONE DR  
LAGUNA HILLS CA 92653

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 65-0372338

Applied For  
Not Applicable

**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**

JUCENAS, BRONE M  
1933 RIDGE ROAD  
NORTH PALM BEACH FL 33408

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

DOCUMENT #	P92000008923
NAME	JUCFAM ASSOCIATES, INC.
STREET ADDRESS	1933 RIDGE ROAD
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600005481816--0
CITY-ST-ZIP	-05/07/02--01081--003
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** *Signature Required* *Avizoni's* 4/24/02 949-362-1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)