

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000852**

1. Entity Name

JEFFERSON PLAZA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

2665 SOUTH BAYSHORE DR., SUITE 302
COCONUT GROVE FL 33133
US

Mailing Address

2665 SOUTH BAYSHORE DR., SUITE 302
COCONUT GROVE FL 33133-5402
US



2. Principal Place of Business

1501 Collins Ave.

3. Mailing Address

1501 Collins Ave.

Suite, Apt. #, etc.

3rd Floor

Suite, Apt. #, etc.

3rd Floor

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

U.S.

Zip

33139

Country

U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0459168

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEUNIER, JEAN-MARC

2665 SO. BAYSHORE DR., SUITE 302
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

Meunier, Jean-Marc

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

1501 Collins Ave.

3rd Floor

City

Miami Beach

FL

Zip Code

33139

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.

\$9,200,000.00

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 # L94000000220
NAME JEFFERSON PLAZA MANAGEMENT, LC
STREET ADDRESS 2665 S. BAYSHORE DR., SUITE 302
CITY - ST - ZIP MIAMI FL 33133

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

1501 Collins Ave, 3rd Floor
Miami Beach, FL 33139

DOCUMENT #
NAME
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STREET ADDRESS

CITY - ST - ZIP

200003292292--2
-06/15/00--01120--014
***\$35.00 ***\$35.00

DOCUMENT #
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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

4/24/00 305-538-0135

Date

Daytime Phone #

CR-2 (01/99)