

# 2000 UNIFORM BUSINESS REPORT (UBR)

005311 / N

DOCUMENT # **A94000000748**

1. Entity Name  
**T.J.A.D., LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business  
**1048 KANE CONCOURSE, SUITE 2-B  
BAY HARBOR FL 33154**

Mailing Address  
**1048 KANE CONCOURSE, SUITE 2-B  
BAY HARBOR FL 33154-2107**

*mf*



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 <b>65-0576281</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GADINSKY, SETH  
1048 KANE CONCOURSE, SUITE 2-B  
BAY HARBOR FL 33154**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$125,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P94000015780 T.J.A.D., INC. 1048 KANE CONCOURSE, SUITE 2-B BAY HARBOR FL 33154</b>	STREET ADDRESS	
		CITY - ST - ZIP	<b>300003273469--2</b>
			<b>06/01/00 01053 010</b>
			<b>***526.25 ***526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
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DOCUMENT # NAME 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]* **RE REQUIRED** **4/27/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

166100100