

A95000000100

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

100001388921
-01/25/95--01026--011
****140.00 ****140.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. 19860 Jug Road Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☒	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

G. TAX _____
FILING 52.00
R. AGENT FEE 3.00
J. COPY 2.00
TOTAL 57.00
T. BANK _____
BALANCE DUE _____
(AMOUNT)

1/18/95

Examiner's Initials

132

SECRETARY OF STATE
WASHINGTON, D.C. 20520
JUN 18 PM 2:55

- | 8. <u>NAME OF GENERAL PARTNER(S)</u> | <u>SPECIFIC ADDRESS</u> |
|--|---|
| <div data-bbox="365 1524 435 1545">1002678</div> <u>19860 Jog Road Corp.</u> | |
| | <u>c/o Feldman, Gutterman,</u>
<u>Meinberg and Company</u>
<u>280 Plandome Road</u>
<u>Manhasset, New York 11030</u> |
| | |
| | |
| | |

89500002678
198

Signed this 12th day of January, 1995.

Signature of general partner:

19860 Jog Road Corp.
General Partner

By: Mark L. Mainberg

Name: Mark L. Mainberg

Title: Secretary/Treasurer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 18 PM 2:55

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of 19860 Jog Road Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$5,000.

The total amount contributed and anticipated to be contributed by the limited partners of this time to total \$5,000.

This 12th day of January, 1995.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I(we) declare that I(we) have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

19860 Jog Road Corp.
General Partner

By: Mark L. Meinberg
Name: Mark L. Meinberg
Title: Secretary/Treasurer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:55

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
San Juan Building
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN -8 PM 4:29

1. Name of Limited Partnership
1a. DOCUMENT #
A95000000100

19860 JOG ROAD LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE *yntr*

Mailing Address
C/O FELDMAN, GUTTERMAN, ET AL
200 PLANDOME ROAD
MANHASSET NY 11000

Principal Office Address
19000 JOG ROAD
BOCA RATON FL 33428

2. New Mailing Address, If Applicable

State Apt # etc

60000-1686326
-01/11/96--01022--017

City, State & Zip

***191.25 ***191.25

2a. New Principal Office Address, If Applicable

State Apt # etc

If above addresses are in error in any way, file through the correct information and enter correct address in block 2 another 2a

3. Date Form or Registered to No Business in
FLORIDA
01/18/1995

3a. Date of Last Report

4. State or Country of Formation

FL

City, State & Zip

5a. Capital Contributions as Shown
on Record
\$5,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FID Number

65-0546519

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$2.75 Additional Fee required
for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$437.50 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.
1408 HAYS STREET, SUITE #2
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

LAURIE P. EVANS

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

328 MINORCA AVE.

State Apt # etc

City

COCKLE GABLES

FL

Zip Code

33134

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

John

DATE

12/7/95

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

19860 JOG ROAD CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Number)

C/O 280 PLANDOME ROAD

11b. City, State & Zip Code

MANHASSET NY 11030

11c. Registration/
Document Number

P95000002678

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute the report as required by chapter 620, Florida Statutes.

SIGNATURE

Frank L. Meier

DATE

12/5/95

Typed or Printed Name of General Partner Signing Form

Telephone Number