

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -8 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A95000001224**

1. Entity Name

FRIJAC LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4040 Palm Aire Dr., W

3. Mailing Address

8908 Iron Gate Ct.

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

c/o Stephen Friedlande

City & State

Pompano Beach, FL

City & State

Potomac, MD

4. FEI Number

58-2200938

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

20854

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Jack Diener

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

4040 Palm Aire Dr., West, #105

City

Pompano Beach, FL

FL

Zip Code

33069

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.

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9. Capital Contributions

as Shown on record. **1,000,100,00**

10. Amount of Capital Contributions

in FLORIDA to date.

21,304

**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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

JACFRI, L.C.

4040 Palm Aire Dr., W, #105

Pompano Beach, FL 33069

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**DO NOT WRITE
IN THIS SPACE**

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

3/28/02

Date

202-872-0800

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)