

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001133

1. Entity Name

JACK AND ILONA AMIGO LIMITED PARTNERSHIP

FILED

Mar 27 2000 8:00 am

Secretary of State

Principal Place of Business

11020 S.W. 40TH STREET
DAVIE FL 33328

Mailing Address

11020 S.W. 40TH STREET
DAVIE FL 33328-2123

2. Principal Place of Business

3. Mailing Address

1000 N HIAWAS ROAD

1000 N HIAWAS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#110

#110

City & State

City & State

PENNAPOKE PINES FL

PENNAPOKE PINES FL

Zip

Country

Zip

Country

33046

USA

33046

USA

4. FEI Number

65-0729586

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

DOLCHIN, STEVEN B

THE OAKS

SUITE 202B, 4330 SHERIDAN STREET

HOLLYWOOD FL 33021

Name

NOEL C KENIT

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

1000 N HIAWAS ROAD #110

City

PENNAPOKE PINES

FL

Zip Code

33046

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.

\$1,870,092.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,870,092.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME FRANK AMIGO, AS TRUSTEE OF THE JACK AMIGO
STREET ADDRESS 11020 S.W. 40TH STREET
CITY - ST - ZIP DAVIE FL 33328

STREET ADDRESS ELAINE GREENZWEG TRUSTEE, JACK AMIGO
CITY - ST - ZIP REVOCABLE LIVING TRUST
4590 POST AVE, MIAMI BEACH, FL 33140

DOCUMENT #
NAME FRANK AMIGO AS TRUSTEE OF THE ILONA AMIGO
STREET ADDRESS 11020 S.W. 40TH STREET
CITY - ST - ZIP DAVIE FL 33328

STREET ADDRESS ELAINE GREENZWEG TRUSTEE, ILONA AMIGO
CITY - ST - ZIP REVOCABLE LIVING TRUST
4590 POST AVE, MIAMI BEACH, FL 33140

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP 700003199027--1

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP 04/06/00-01039-012
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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

ELAINE GREENZWEG

4/7/2000 (305) 532-5890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TRUSTEE Frank Amigo Reinstated
LIVING TRUST

Daytime Phone #

CR2E003 (9/99)