

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001393**

1. Entity Name

RJS REAL ESTATE HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

**C/O BRADY & BRADY, P.A.
370 W. CAMINO GARDENS BLVD., THIRD FLOOR
BOCA RATON FL 33432**

Mailing Address

**245 N. COUNTRY CLUB DR.
ATLANTIS FL 33462-1113**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0770485

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRADY, FRANK R ESQ.
C/O BRADY & BRADY, P.A.
370 W. CAMINO GARDENS BLVD., THIRD FLOOR
BOCA RATON FL 33432**

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

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.

\$12,800.00

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 #
NAME **SOPOURN, R. JORDAN JR.**
STREET ADDRESS **13751 BARBERRY DRIVE**
CITY - ST - ZIP **WELLINGTON FL 33417**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

245 North Country Club Drive

CITY - ST - ZIP

Atlantis FL 33462-1113

STREET ADDRESS

1000003287661-6

CITY - ST - ZIP

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*****178.35 ***178.35**

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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

R. Jordan Sopoun Jr.

4-25.00

561-434.4404

Date

Daytime Phone #