

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A97000001453**

Entity Name

PJZ, LTD.

02 MAR 29 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 16864 SILVER OAK COURT DELRAY BEACH FL 33445		Mailing Address 16864 SILVER OAK COURT DELRAY BEACH FL 33445	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PJZ, INC. 16864 SILVER OAK COURT DELRAY BEACH FL 33445		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

DUE BY MAY 1, 2002

4. FEI Number **65-0766365** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,000,000.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000031367	STREET ADDRESS	
NAME	PJZ, INC.	CITY-ST-ZIP	
STREET ADDRESS	16864 SILVER OAK COURT		
CITY-ST-ZIP	DELRAY BEACH FL 33445		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: *Edward Zieky* **EDWARD ZIEKY PARTNER** 3/22/02 860 232 1470

STAPLE CHECK