

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001838 AV

DOCUMENT # A97000001557

1. Entity Name  
JOE'S CREEK INDUSTRIAL PARK, LTD.



FILED

03 MAY -5 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3093 46TH AVENUE NORTH  
ST. PETERSBURG FL 33714

Mailing Address  
1000 LINCOLN ROAD, #206  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address  
% JEROME FLEEMAN  
33 E. DI LIDO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State  
MIAMI BEACH, FLA.

4. FEI Number 59-2804122

Applied For

Not Applicable

Zip

Country

Zip

Country

33139

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLEEMAN, DAVID B  
1000 LINCOLN ROAD, #206  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name JEROME FLEEMAN  
Street Address (P.O. Box Number is Not Acceptable)  
33 E. DI LIDO DR.

City MIAMI BEACH FL Zip Code 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jerome Fleeman

3-19-03

DATE

9. Capital Contributions  
as Shown on record. \$7,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date \$7,000,000.00

11. MAKE CHECK PAYABLE TO FL. 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 # P97000015372  
NAME JOE'S CREEK INDUSTRIAL PARK MANAGEMENT, INC  
STREET ADDRESS 1000 LINCOLN ROAD #206  
CITY-ST-ZIP MIAMI BEACH FL 33139

13. ADDRESS CHANGES ONLY

STREET ADDRESS % JEROME FLEEMAN  
33 E. DI LIDO DR.  
CITY-ST-ZIP MIAMI BEACH, FLA. 33139

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-19-03

Date

305-531-5895

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE