

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001721

1. Entity Name

BCOM - JNA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

[Signature]



Principal Place of Business

540 BRICKELL KEY DR., STE. C-1
MIAMI FL 33131

Mailing Address

1110 BRICKELL AVE. SUITE 303
MIAMI FL 33131-3106

2. Principal Place of Business

1201 BRICKELL AVE

3. Mailing Address

1201 BRICKELL AVE

Suite, Apt. #, etc.

S. 650

Suite, Apt. #, etc.

S. 650

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-0773107

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PALACHI, ASLAN

1110 BRICKELL AVE., SUITE 303

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

1201 BRICKELL AVE S. 650

City MIAMI

FL

Zip Code 33131

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: A. Palachi]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-00

9. Capital Contributions
as Shown on record.

\$5,000.00

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

DOCUMENT # P97000064728
NAME POINT DEVELOPMENT CORPORATION
STREET ADDRESS 1110 BRICKELL AVE., SUITE 303
CITY - ST - ZIP MIAMI FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1201 BRICKELL AVE S. 650
CITY - ST - ZIP MIAMI, FL 33131

DOCUMENT #
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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

4-10-00 (305) 375-0090

Date

Daytime Phone #

4-10-00 1:43