

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000381

1. Entity Name

JABBER, LTD.

FILED

00 JAN 19 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2601 SOUTH BAYSHORE DR., #300A
MIAMI FL 33133-2943

Mailing Address

11672 SW 91 TERR.
MIAMI FL 33176-1060

2. Principal Place of Business

11672 S.W. 91 Terrace

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHAPIRO, ROBERT L

11672 SW 91ST TERRACE

MIAMI FL 33176

7. Name and Address of New Registered Agent

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.

\$960.00

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 # P98000012878
NAME ROLOSO, INC.
STREET ADDRESS 2601 SOUTH BAYSHORE DR., #300A
CITY - ST - ZIP MIAMI FL 33133-2943

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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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 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

Date

Daytime Phone #

1/10/00 305 858 8330